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Public Health
Wales

Our Strategic Plan

2024 – 2027



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Executive Summary

Our Strategic Plan for 2024 – 2027 sets out the actions that we will undertake over the next three years to deliver our strategy, Working Together for a Healthier Wales (2023-2035). As we enter year two of our strategy, we will continue to demonstrate an unwavering focus on reducing health inequalities and ensuring that we are delivering maximum value and impact for our population. We will do this through the delivery of our six strategic priorities, which are underpinned by our commitment to reducing health inequalities.

The legacy of the Covid-19 pandemic and ongoing rise in the cost of living continues to have profound effects for the people of Wales. This includes not only the direct health impacts, but also the broader and longer-term implications for our health and well-being. These have wider socio-economic consequences that have been felt unequally across our society and disproportionately affect those who already have the greatest health and social needs. In Wales, and we continue to see stark and persistent health inequalities.

Climate change is recognised as possibly the most significant global threat that we face. Its consequences will impact all areas of life that are essential to achieve and maintain good health. This highlights the profound interdependence between population, societal, economic, and environmental well-being. Although the threat from COVID-19 appears to have reduced over the past year, we continue to remain vigilant on threats to the people in Wales from communicable diseases and non-infectious hazards. We continue to learn from our response to the COVID-19 pandemic to build robust plans for response to future outbreaks. We also know the impact these challenges, particularly the pandemic, have had on the wider health and social care system. The pressure on the NHS and social care remains significant, but this is also true for all public services. We also know that the projected rise in risk factors related to health conditions, coupled with an ageing population will increase the number of people living with long term health conditions. We know that:

- ❖ Health inequalities remain, with female and male healthy life expectancy almost 17 and 13 years lower in the most deprived areas compared to least deprived
- ❖ The gap between the least and most deprived areas in Wales, for premature deaths from non-communicable diseases, has been increasing in recent years, and is now almost two and half times greater in the most derived areas, compared to the least
- ❖ 46% of adults in Wales already experience long-term disease, and 19% experience two or more long-term conditions
- ❖ The prevalence of many of these conditions is rising globally as well as in Wales and across the UK, as evidenced by the World Health Organisation
- ❖ Predictions by [Public Health Wales](#) and the Welsh Government [Science Evidence Advice](#) show a significant rise in the prevalence of chronic disease within fifteen years

Most of the diseases that are increasing significantly have common key preventable drivers, including: smoking, unhealthy diet, physical inactivity and high risk drinking. Low levels of mental wellbeing impact directly on individuals capacity for self care and can lead to the adoption of health harming behaviours as a coping strategy. Now more than ever, we require the collective efforts of a range of partners to address these issues over the coming years.

We have an opportunity through making a system-wide strategic shift to prevention to address these challenges and harness the opportunities to us in Wales. This is intended to deliver benefits across the short, medium and long term including: reducing the financial burden of preventable disease on health and social care and employment, halting the rise in preventable disease and delivering measurable improvements in population health.

We have seen the power and impact that we can have when we mobilise our collective efforts and expertise, including the improvements that can be realised at scale through embracing innovation, technological developments and our commitment to collaboration. The Well-being of Future Generations (Wales) Act (2015) provides the enabling legislative driver to enable us to take a long term preventative approach, focused on involving the public and collaborating with our partners to deliver integrated solutions as we tackle the challenges that we face today and tomorrow.

In the context of our strategy, we have focused on where we as Public Health Wales can add most value for the people of Wales. We have also focused on how we enable and drive the delivery of our plan through embracing more agile and data driven approaches, along with adopting innovation where possible, placing users at the heart of what we do and embedding quality improvement.

We recognise that we are operating within a volatile and changing environment. We therefore need to demonstrate an ability to dynamically respond to new and emerging threats and opportunities. As a learning organisation, we will embed research and evaluation into everything we do to ensure that we are delivering maximum value and impact. This will see us prioritise those areas where we can have greatest impact and flex to respond to emerging issues.

Who we are

We are Public Health Wales - the National Public Health Organisation for Wales. Our purpose is *working together for a healthier Wales*. We help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and well-being, and reduce inequalities for everyone in Wales, now and for future generations.

Together, our teams work to prevent disease, protect health, provide system leadership, specialist services and public health expertise. We are the primary source of public health information, research and innovation, to help everyone in Wales's live healthier lives.

Our purpose

Our purpose is: *working together for a healthier Wales*.

Our mission

Public Health Wales exists to help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and well-being, and reduce inequalities for everyone in Wales, now and for future generations.

Together, our teams work to prevent disease, protect health, provide system leadership, specialist services and public health expertise. We are the primary source of public health information, research and innovation, to help everyone in Wales live healthier lives.

Vision

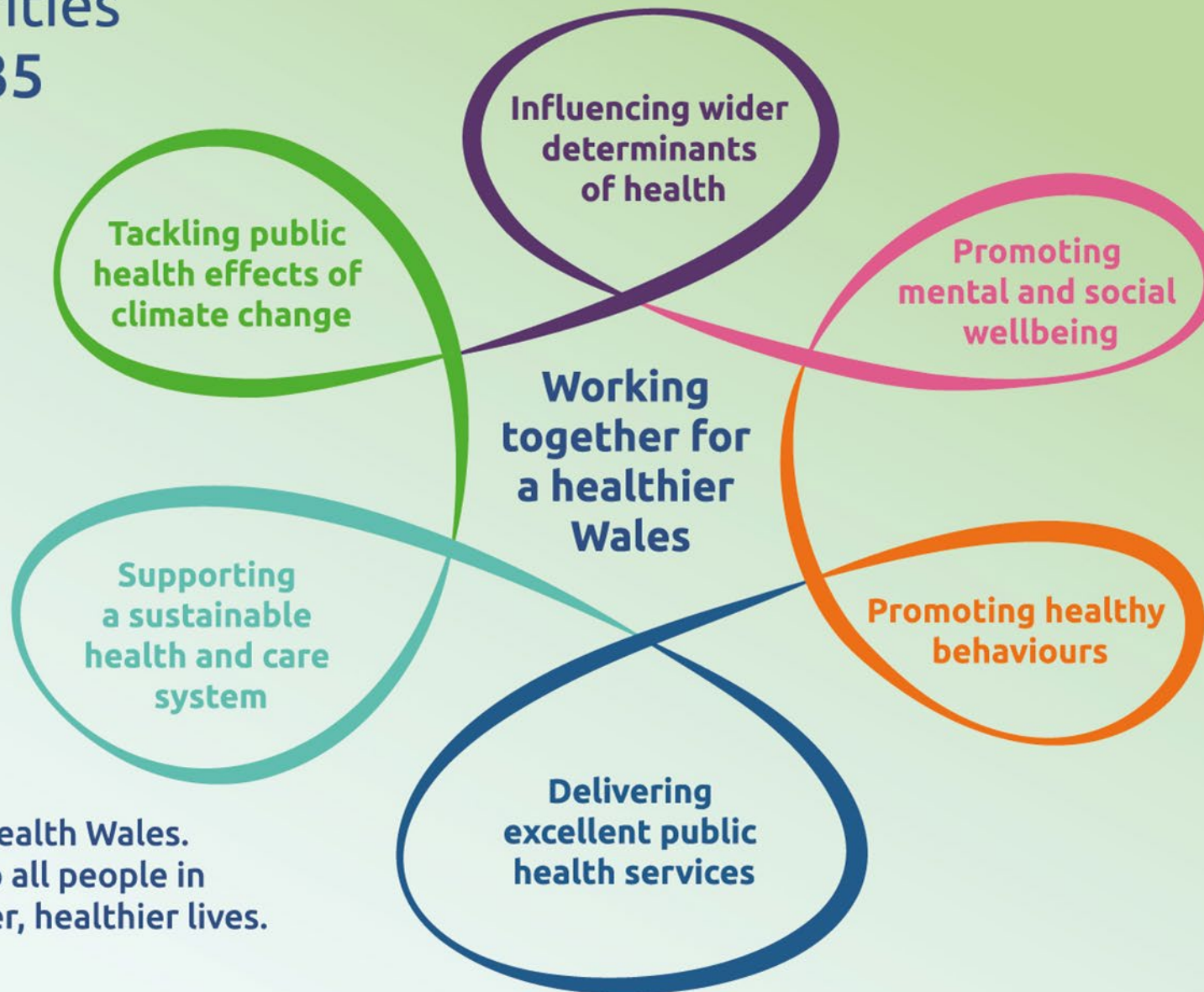
By 2035, we will have achieved a healthier future for Wales. We are working towards a Wales where people live longer, healthier lives and where all people in Wales have fair and equal access to the things that lead to good health and well-being.

Values

Our values are:

- ❖ working together
- ❖ with trust and respect
- ❖ to make a difference

Our Priorities 2023-2035



We are Public Health Wales.
We exist to help all people in
Wales live longer, healthier lives.

Our values are **working together**
with **trust and respect** to **make a difference**.

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Part 1: Introduction

1. Introduction

1.1 Overview

The purpose of this Strategic Plan (Integrated Medium-Term Plan) is to set out the key actions that we will deliver over the next three years for each of our six strategic priorities. In delivering them, we will:

- ❖ **Inform** partners on the current and emerging threats to health in Wales, the factors which influence health, well-being and inequalities, and the evidence base for action
- ❖ **Advocate** for action to improve and protect health and reduce inequalities
- ❖ **Mobilise** partners across systems to translate evidence into policy and practice at scale to improve population health and well-being and reduce health inequalities
- ❖ **Deliver** evidence-informed services to the public

We will deliver our four statutory functions and core public health services as part of the delivery of this plan, including discharge our responsibilities as a category 1 responder. This includes the delivery of our national screening programmes, infection service, health protection, data, knowledge, and research. Several strategic developments and improvements in relation to these service and functions are set out within this plan.

We cannot deliver our strategies and plan alone. To succeed, we will need to work collaboratively and in partnership with our key stakeholders and the public. This includes Ministers, Welsh Government, partners across the public sector, including local authorities and the NHS in Wales, and the voluntary sector.

1.2 Strategic and policy context

The Wellbeing of Future Generations (Wales) Act (2015) continues to provide the overarching framework in which we use to shape our strategic plan. Our six strategic priorities, which also serve as our Well-being Goals, have considered the longer-term implications of our decisions. Each priority also recognises the importance of primary, secondary, and tertiary prevention and is underpinned by our focus and commitment to reducing health inequalities and health inequities. The Socio-economic Duty has also provided an opportunity to assess the impact of our decision making on those who experience socio-economic disadvantage, ensuring that the decisions we take do not inadvertently exacerbate inequalities in Wales.

The Well-being of Future Generations (Wales) Act’s Seven Well-Being Goals:



We will embrace the five ways of working to help us implement this plan, including working collaboratively with our partners and the people of Wales. We have also taken due consideration of the following legislative drivers:

- ❖ The Health and Social Care (Quality and Engagement) (Wales) Act 2020
- ❖ The Duty of Quality
- ❖ Duty of Candour

We recognise that whilst developing this plan, parallel work has been underway to refresh A Healthier Wales, the Welsh Government’s long term plan for health and social care. This plan was developed in the context of achieving the overall vision of developing a ‘whole system approach to health and social care’ in Wales, focused on health and well-being, and illness prevention. However, we will also reflect on the forthcoming priorities and actions of the refreshed long term plan for health and social care to see how, as the national public health organisation for Wales, we contribute to its successful delivery.

We have also considered how we support our climate change agenda and how our actions contribute to reducing the organisations carbon footprint and environmental impact. These have been embedded throughout our planning process and detailed actions have been included in our new Decarbonisation Action Plan.

1.3 Ministerial Priorities

The development of our Strategic Plan has been informed by the Minister for Health and Social Services’ priorities for NHS Wales, particularly the support and public health expertise that we can provide to the wider system. This will help to ensure that quality, safety, prevention, and good health outcomes are at the heart of the NHS in Wales.

Our role in supporting the delivery of the priorities is embedded within each of our strategic priorities. A high-level summary, by ministerial priority, is included within Annex B. This shows the key actions we are undertaking, where relevant, under each.

In addition, our plan sets out how we will deliver the objectives set out within our Mandate Letter issued by Welsh Government in February 2024. A summary is included as Annex A.

1.4 Health in Wales

In Wales, life expectancy and healthy life expectancy have plateaued over the last decade, and we continue to see stark and persistent health inequalities. People living in the poorest parts of Wales already die more than six years earlier than those in the least deprived areas, and the ongoing rise in the cost of living continues to accelerate what were already increasing differences in health between those with more and less money.

Predictions by Public Health Wales and by the Welsh Government Science Evidence Advice show a significant rise in prevalence of chronic disease within fifteen years. For example, projections indicate that by 2035 1 in 11 people could be living with Diabetes Type 2, an increase of 22% or 48,000 new diagnoses. This has seen the establishment of the Tackling Diabetes Together Programme.

These challenges are having a significant impact on the health of the people of Wales and on NHS Wales' ability to deliver high-quality services. They include:

- ❖ The ongoing impact of, and recovery from, Covid-19
- ❖ Demographic changes and the impacts of an ageing population, meaning a higher proportion living with long-term conditions
- ❖ Stark differences in life expectancy between least and most deprived groups
- ❖ Workforce supply shortfall and changing expectations of working conditions
- ❖ Financial pressures (e.g. inflation)

1.5 Partnership working and engagement

Engaging with people and communities along with other partners in the delivery and design of services will ensure we have accessible person-centred services. How we develop our plans and approaches is fundamental to the way we work if we are to meet the needs of the people and communities of Wales and reduce health inequalities.

We recognise that Public Health Wales has a key role in Public Health system leadership, working alongside key partners and we will continue to do this.

We will build on and strengthening existing relationships with partners across the system, including local Public Health Directors and their teams. During 2024-25 we will seek to play our part in building a culture of system working and co-production for better health. Specific actions we will take during this year will be:

- ❖ Co-produce with local Directors of Public Health an agreement on how we work as a system and co-produce a shared action plan. This will include a commitment to what Directors of Public Health can expect from Public Health Wales as we seek to support them in performing their key system leadership role.
- ❖ Support the development of a system leadership programme for public health leaders across the Welsh system.

- ❖ Continue to implement the Shaping Healthy Places for Wales in concert with Public Service Boards and local Directors of Public Health
- ❖ Identify and deliver our contributions to the Chief Medical Officer's annual programme of work.
- ❖ Working with Medical Directors, Directors of Primary Care and Directors of Public Health to understand our respective contributions to a preventive approach to health outcomes.
- ❖ Continue to work on the Building a Healthier Wales agenda, so that system leadership approaches to wider determinants are further embedded.
- ❖ Continue our system leadership work on Greener Primary Care to support Primary Care become more sustainable.
- ❖ Work as part of the 4 Nations collaborative of National Public Health agencies to share key learning which will assist us in work within Wales.


We will also build new relationships to enable the system to deliver gains in prevention including:

- ❖ Launching a multi-agency conversation on mental health and wellbeing
- ❖ Launch the Tackling Diabetes Together programme.
- ❖ Work with Directors of Workforce on healthy working environments for staff to prevent diabetes and cardiovascular disease risk in our workforce.
- ❖ Articulate a whole system strategic shift to prevention and work with partners to identify what this will mean.

As part of the internal capabilities work to enable us to address this, we will map our key stakeholders and identify leads to work with each sector in the year 2024-25. We will also publish our understanding of health inequalities.

Engagement is essential and using this insight is key in delivering against our strategic priorities to protect, promote and improve the health and well-being of the population of Wales. As a public body, we understand that we need to ensure we have the processes, systems and working patterns to ensure we are seeking, listening to, acting on and sharing feedback in a consistent way for improvement. People's lived experience is a powerful tool to improve existing services and to identify new and better ways to meet their needs in line with the Duty of Quality. Excellence in engagement supports the broader dimension and principles of the Duty of Quality.

Our Approach to Engagement will drive forward a consistent approach for equitable, effective public engagement, ensuring the voice of the people we work with and for is at the heart of what we do and how we do it. Given that the current three-year implementation plan is due for review at the end of March 2024, we will be taking this valuable opportunity to thoroughly evaluate our approach during 2024-25. This evaluation will include proactive engagement with the public, our partners and the third sector colleagues to ensure that our approach adapts to and re-focuses where it needs to change, where re-focus is needed, whilst continuing to build on what has worked well.



Part 2:
Delivering Our
Strategy

2. Delivering Our Strategy

As we enter year two of delivering our strategy, Working Together for a Healthier Wales, it is essential that we understand our progress in Wales towards our vision for a future where people live longer and healthier lives. When we developed our strategy, we identified the overarching health outcomes that we are seeking to influence and support through the delivery of this plan.

We use these outcomes to assess progress and to inform and shape our focus for the coming three years. It has driven the refresh of our Strategic Plan for 2024/25 and the strategic objectives that we have set for each of our strategic priorities. Our specific plans for each strategic objective reflect a cross-organisational approach to delivery that draws on the collective skills, knowledge and experience of our staff. We will work across our functions to deliver each priority and maximize our impact. This is reflected in our approach to the delivery of the Tackling Diabetes Together programme.

2.1 Our approach to health inequalities

Everyone in Wales deserves the opportunity for good health. However, some of us live in poorer health, living shorter lives. For the people of Wales to be healthy, we need all the right building blocks of health and wellbeing in place. The building blocks are the positive things that everyone needs in order to be healthy, including warm homes, good jobs, enough money to pay bills, safe childhoods and connections with people in our communities. In too many parts of Wales these building blocks of health and wellbeing are not strong enough or they are missing altogether. This leads to poorer health and lives being cut short.

We can reduce health inequalities and prevent them from getting worse by targeting their root causes. This means reducing poverty, racism, discrimination, making important health and care services easier to use, and improving the places where we live, work, play and learn. We play a vital role in helping people stay healthy. Our goal is to make sure that every person has a fair opportunity to be as healthy as possible, no matter who they are and where they come from.

Our strategy sets out our commitment to reducing health inequalities in Wales. This is reflecting in our overarching outcomes, set out below, to increase healthy life expectancy and narrow the gap in healthy life expectancy between the least and most deprived. A focus on reducing health inequalities underpins each of our six strategic priorities and the actions that we set out for the next three years.

We will bring together partners across Wales to work together to improve health for everyone. Our approach to engagement ensures that we make connections between partners to show how they can work with us and contribute to improving health and reducing health inequalities for everyone in Wales. In addition, we actively involve communities in our work to better understand the experiences of different groups of

people and to identify policies and practices that will help to improve health for everyone and reduce health inequalities.

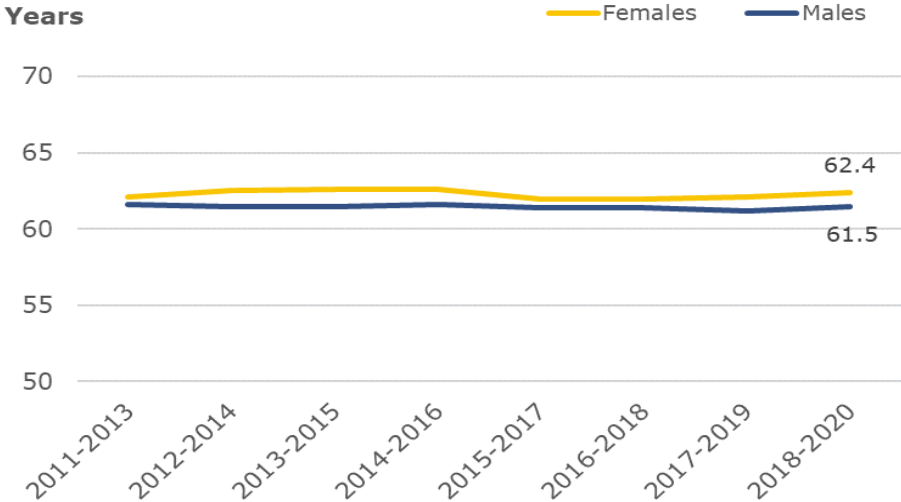
2.2 Overarching outcome

We identified an overarching outcome to help us understand the overall health and well-being of people of Wales and act as a guide to us as we deliver our strategy. Our overarching outcome is to:

- ❖ Increase the healthy life expectancy and narrow the gap in healthy life expectancy between the least and most deprived

Figure 1: Healthy life expectancy in years between 2011-13 to 2018-20 in Wales by sex.

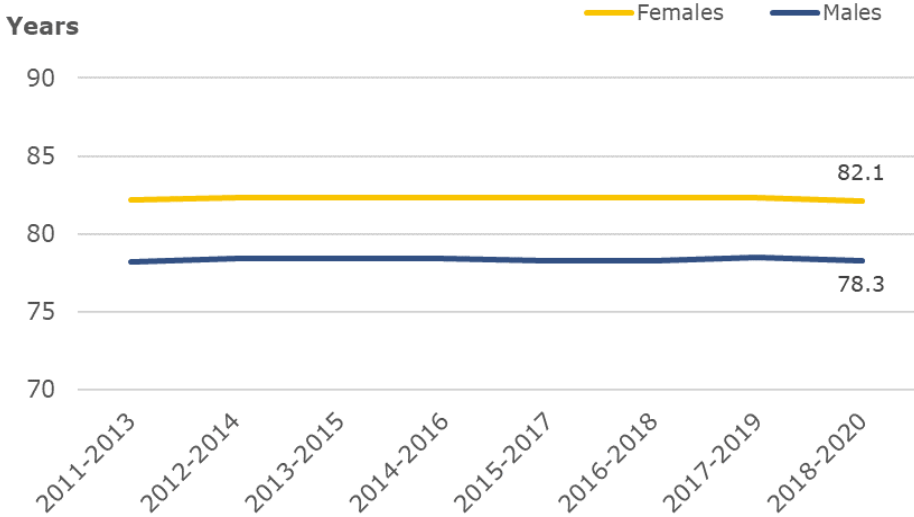
Healthy life expectancy has stagnated



Between 2011 and 2020 healthy life expectancy has slightly increased for females (0.5% to 62.4 years) and marginally fallen for males (0.2% to 61.5 years).

Figure 2: Life expectancy at birth in years between 2011-13 to 2018-20 in Wales by sex.

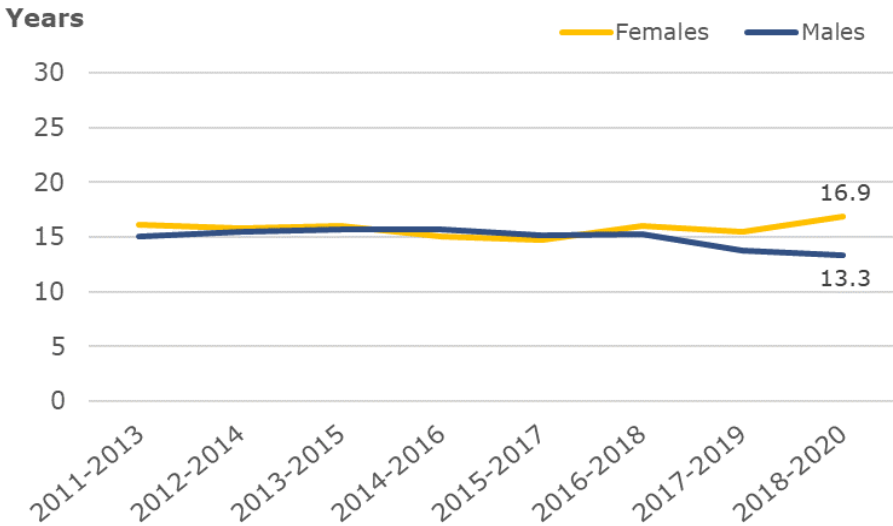
Life expectancy has remained stable



In the same period, life expectancy has remained steady. Life expectancy fell for females and increased for males both by 0.1%. A notable increase in deaths during 2020 due to the COVID-19 pandemic impacted on life expectancy.

Figure 3: Inequality gap in healthy life expectancy in years between the least deprived and the most deprived population in Wales, between 2011-13 to 2018-20 by sex.

Healthy life expectancy inequality gap worsening slightly for females, improving slightly for males

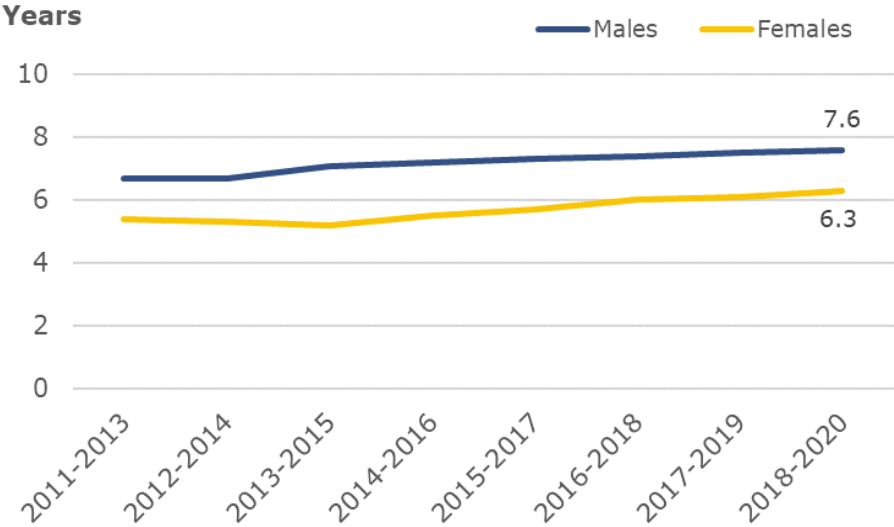


The inequality gap for healthy life expectancy has grown for females (up 5%) and fallen for males (down 12%) although these changes are not statistically significant. The most disadvantaged population groups already face increasing financial pressures.

Factors such as low income and slow wage growth, fuel poverty, food and housing insecurity maybe possible influences on the worsening gap for females, particularly those in a single parent caregiving role. A lack of access to social support networks and increased cognitive stress may contribute to poorer mental and physical health outcomes compared with those in the least deprived populations.¹

Figure 4: Inequality gap in life expectancy in years between the least deprived and the most deprived population in Wales, between 2011-13 to 2018-20 by sex.

Life expectancy inequality gap worsening for both males and females



In addition, the inequality gap in life expectancy has grown by 17% for females and 12% for males across the period, even though at a Wales level life expectancy has remained constant between 2011-13 and 2018-20. Wider determinants of health such as income, education, housing, employment opportunities for those communities facing disadvantage maybe contributing factors to these increasing gaps with deaths from respiratory disease, cancer, drug and alcohol related deaths and other non-communicable diseases.²

2.3 Summary of strategic priority outcomes

For each of our strategic priorities, we have identified a series of system-wide outcomes that we will work to support through the delivery of our Strategic Plan and the specific strategic objectives.

¹ Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020). *Health equity in England: The Marmot Review 10 years on*. London: Institute of Health Equity.

² Jonny Currie, Hayden T Schilling, Lloyd Evans, Tammy Boyce, Nathan Lester, Giles Greene, Kirsty Little, Ciarán Humphreys, Dyfed Huws, Andrew Yeoman, Sally Lewis, Shantini Paranjothy, *Contribution of avoidable mortality to life expectancy inequalities in Wales: a decomposition by age and by cause between 2002 and 2020*, *Journal of Public Health*, Volume 45, Issue 3, September 2023, Pages 762–770.

A summary of the current position is provided in the table below and further detail is provided within the specific strategic priority section of the plan:

Indicator	Earliest date	Earliest	Baseline date	Baseline	Change ³
Healthy life expectancy (females)	2011-13	62.1 years	2018-20*	62.4 years	+ 0.5 %
Healthy life expectancy (males)	2011-13	61.6 years	2018-20*	61.5 years	- 0.2 %
Life expectancy (females)	2011-13	82.2 years	2018-20*	82.1 years	- 0.1 %
Life expectancy (males)	2011-13	78.2 years	2018-20*	78.3 years	+ 0.1 %
Gap in healthy life expectancy (females)	2011-13	16.1 years	2018-20*	16.9 years	+ 5.0 %
Gap in healthy life expectancy (males)	2011-13	15.1 years	2018-20*	13.3 years	- 12 %
Gap in life expectancy (females)	2011-13	5.4 years	2018-20*	6.3 years	+ 17 %
Gap in life expectancy (males)	2011-13	6.7 years	2018-20*	7.6 years	+ 12 %
Mean well-being scores among adults	2016-17	51	2022-23	48	- 6 %
Child poverty	2011-13	32.0 %	2020-22	28.0 %	- 13 %
Mean well-being scores among adults (inequality gap)	2016-17	2.9	2022-23	3.3	+ 14 %
Sense of community	2016-17	50.0 %	2021-22	63.8 %	+ 28 %
Smoking among adults	2016-17	18.7 %	2022-23	12.8 %	- 32 %
Physical activity among adults	2016-17	53.8 %	2022-23	55.4 %	+ 3 %

³ Green and red % denote that the change is statistically significant (non-overlapping confidence intervals), however this test was not possible for all indicators.

Higher risk drinking among adults	2016-17	20.1 %	2022-23	17.2 %	- 14 %
Working age adults of healthy weight	2016-17	39.5 %	2022-23	36.1 %	- 9 %
Working age adults of good health	2016-17	77.0 %	2022-23	72.6 %	- 6 %
Working age adults free from LLTI	2016-17	73.7 %	2022-23	69.0 %	- 6 %
Older people in good health	2016-17	57.6 %	2022-23	59.9 %	+ 4 %
Older people free from LLTI	2016-17	48.0 %	2022-23	47.7 %	-
MMR at age 2	2011 Q3	92.0 %	2023 Q3	93.0 %	+ 1 %
HPV by 15	2011 Q3	87.0 %	2023 Q3	75.0 %	- 14 %
Active travel – walking	2017-18	16.0 %	2022-23	18.0 %	+ 13 %



Part 3:
Our Plan

3. Our Plan

3.1 Strategic Priority 1 – Influencing the wider determinants of health

3.1.1 Introduction

Everyone in Wales deserves the opportunity for good health. However, too often people in Wales become ill or die too early because of a lack of the essential building blocks needed for good health. These building blocks include our education and skills, a warm safe home, fair work, money and resources, access to affordable and sustainable transport and healthy physical environments. These conditions affect us from our earliest experiences and throughout our lifetime.

The Well-being of Future Generations (Wales) Act 2015 provides the legislative framework for us to work with others to improve the economic, social, environmental, and cultural well-being of Wales. We will bring public health expertise and evidence, collaborating at multiple levels to influence these determinants, to increase opportunities for a fair chance for health. Influencing these determinants has never been more important. Our experience of the Covid-19 pandemic has shown how all our efforts to improve and protect health are affected by these determinants. Currently, the cost of living crisis is disproportionately affecting the health of our most disadvantaged communities; this is an acute exacerbation of the long standing impacts of poverty on health.

3.1.2 Overview – why this is a priority

The wider determinants drive health and health inequalities in Wales. Often called ‘the causes of the causes’, the wider determinants drive our health outcomes in Wales. Different experiences of these determinants lead to differences in health outcomes, or health inequalities, which in turn are responsible for a substantial proportion of the total early deaths and ill health of the population of Wales. Those from the most disadvantaged areas of Wales typically lose over a decade of life lived in good health compared to those from the least disadvantaged (13 years for men and 17 for women). These systematic, and unfair differences continue across generations.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.1.3 What success will look like

By 2035, we will have:

- ❖ A Wales where people have a more equal chance of living a fulfilling life, free from preventable ill-health
- ❖ Our future generation's health and well-being less impacted by poverty and inequality
- ❖ Secured better and fairer opportunity for children to learn and fulfil their potential

- ❖ Transport, housing and planned environment developments that support people, families and communities to live healthier lives
- ❖ Major decisions on wider determinants which are informed by health impact assessment
- ❖ Public and private sector work to maximise inclusive participation in fair work supporting health and well-being
- ❖ Shaped thinking and decision-making on wider determinants policy areas to reduce inequality and improve health through our work with the Senedd and Welsh Government
- ❖ Supported positive system-wide change on the wider determinants of health in collaboration with partners locally, nationally and internationally in pursuit of better health and well-being for all

3.1.4 Outcomes

In delivering this priority, we are working towards supporting the system wide outcomes set out below:

Indicator	Earliest date	Earliest	Baseline date	Baseline	Change ⁴
Gap in healthy life expectancy (females)	2011-13	16.1 years	2018-20*	16.9 years	+ 5.0 %
Gap in healthy life expectancy (males)	2011-13	15.1 years	2018-20*	13.3 years	- 12 %
Gap in life expectancy (females)	2011-13	5.4 years	2018-20*	6.3 years	+ 17 %
Gap in life expectancy (males)	2011-13	6.7 years	2018-20*	7.6 years	+ 12 %
Mean well-being scores among adults	2016-17	51	2022-23	48	- 6 %
Child poverty	2011-13	32.0 %	2020-22	28.0 %	- 13 %

For each, we have provided comparators, where possible, with the earliest available date and current baseline, which has allowed us to identify trends over time:

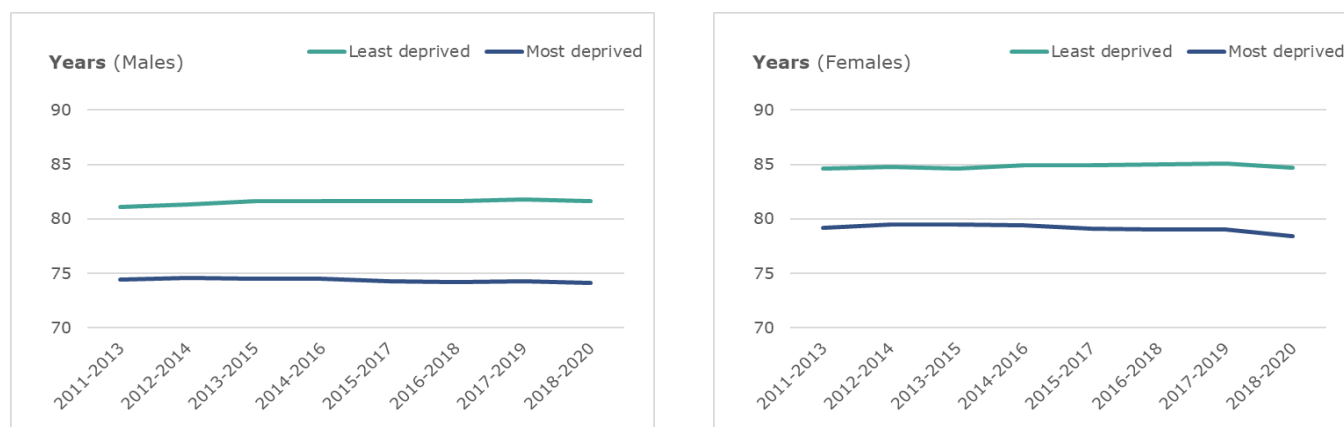
Healthy life expectancy among the most deprived areas in Wales has increased (1.9% for males and 0.4% for females); however, this is not a statistically significant change. In least deprived areas healthy life expectancy has fallen for males (1.0%)

⁴ Green and red % denote that the change is statistically significant (non-overlapping confidence intervals), however this test was not possible for all indicators.

and increased for females (1.4%) across the period. Again, this is not a statistically significant change.

Figure 5 & 6: Life expectancy in years, least and most deprived areas in Wales between 2011-13 to 2018-20 by sex.

Life expectancy has fallen among women in most deprived areas



Life expectancy in the most deprived areas in Wales has seen little change over the period for males (0.4%) and a fall among females (1.0%). An increase in life expectancy across the period for the least deprived areas in Wales was seen for males (0.6%), with little overall change for females (0.1%) across the same period.

3.1.5 What have we achieved during the last 12 months

During the last year, we have had a major focus developing our work responding to cost-of-living as a public health crisis. In addition to supporting our staff and services users, we have reviewed impacts on children, making recommendations across ten priority policy action areas. We published findings from the all-Wales summit delivered through the Building a Healthier Wales partnership. Using this, and other evidence, we contributed to the Expert Reference Group convened by Welsh Government on responding to the cost of living crisis and have worked to influence Welsh Government’s Child Poverty Strategy as it developed, with a focus on babies and health inequalities. We continue to gain population insights on cost of living through our Time to Talk survey.

We have developed our work with partners on employment, education and housing as determinants of health. Using our guide and resources on participation in fair work as a route to health, well-being and equity, we have engaged locally, regionally and nationally, this has influenced and been cited by, Public Services Board well-being plans. We have developed our offer for employers through Healthy Working Wales, moving towards a new digital model and tools, and helping employers to provide the right support to staff with health conditions to stay in work. We have contributed to understanding of housing and health through reports on affordability of homes.

This year we renewed the Memorandum of Understanding Between the World Health Organization (WHO) and the Welsh Government which was originally signed in 2020. We informed and advocated action on inequalities, including launching the Welsh Health Equity Solutions Platform, an innovative live portal including evidence, data, practical tools and resources to inform and support policy making, investment prioritisation, cross-sector action, and monitor progress, and a guide to using the socio-economic duty in Wales.

We have worked to strengthen the capability across systems in public health to influence wider determinants of health. We developed our expanding Public Health Network Cymru for the wider public health workforce, hosting conferences on spatial planning and the climate crisis. We established a community of interest for wider determinants, supporting public health professionals locally and nationally. We have also designed and obtained a multi-year award from the Health Foundation to work with Public Services Boards to influence wider determinants of health using systems approaches: *Shaping places for well-being in Wales*.

We continue to support a health in all policies approach, advising on the development and consultation of Welsh Government regulations for Health Impact Assessment (HIA) under the Public Health (Wales) Act, 2017.

3.1.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO1.1 By 2027, we will have collaborated with national, regional and local partners to inform, advocate for and mobilise action to improve the impact of work and education on health and equity.

SO1.2 By 2027, we will have developed and shared evidence to inform policy and practice and advocate for action to increase health equity and effective response to poverty.

SO1.3 By 2027, we will be enabling and supporting the mainstreaming of Health Impact Assessment (HIA) to strengthen Health in All Policies and investment towards achieving sustainable development in Wales.

SO1.4 By 2027, we will have strengthened the capability of the public health system to influence the wider determinants of health.

Key Deliverables

Objective	Milestones
<p>SO1.1 By 2027, we will have collaborated with national, regional and local partners to inform, advocate for and mobilise action to improve the impact of work and education on health and equity.</p>	2024-2025
	Quarter 3
	<ul style="list-style-type: none"> Scoped work to support employers to reduce inequalities in employment for those living with disability or long-term health condition. Increased the coherence of partnership activities for Public Health Wales programmes to influence the educational attainment gap.
	Quarter 4
	<ul style="list-style-type: none"> Scoped and developed evidence and data informed tools to support local and regional partners to increase participation in fair work.
	2025-2026
	Quarter 3
	<ul style="list-style-type: none"> Established Healthy Working Wales (HWW) employer peer mentoring programme.
	Quarter 4
	<ul style="list-style-type: none"> Identified research opportunities in relation to fair work/work and health.
<p>SO1.2 By 2027, we will have developed and shared evidence to inform policy and practice and advocate for action to increase health equity and effective response to poverty.</p>	2026-2027
	<ul style="list-style-type: none"> Undertaken analysis of data generated by HWW online survey tools and report published.
	2024-2025
	Quarter 3
	<ul style="list-style-type: none"> Completed Discovery phase for Building a Healthier Wales child poverty task and finish group.
	2025-2026
	Quarter 2
<ul style="list-style-type: none"> We will have embedded our shared narrative on health inequalities within the organisation and shared externally to increase our coherence and impact on health inequalities to support delivery of the Long Term Strategy. 	
Quarter 4	
<ul style="list-style-type: none"> Developed coordination and monitoring mechanisms for Building a Healthier Wales child poverty task and finish group. 	

	<ul style="list-style-type: none"> Conducted an evaluation of the Welsh Health Equity Solutions Platform.
	2026-2027
	<ul style="list-style-type: none"> Developed Building a Healthier Wales child poverty task and finish group legacy plan. We will have worked with stakeholders to advocate for action to improve housing for children living in poverty.
SO1.3 By 2027, we will be enabling and supporting the mainstreaming of Health Impact Assessment (HIA) to strengthen Health in All Policies and investment towards achieving sustainable development in Wales.	2026-2027
	<ul style="list-style-type: none"> Mobilised Health Impact Assessment (HIA) into practice as part of Public Health Wales' statutory duty to provide assistance to public bodies under the Public Health (Wales) Act 2017 via guides and range of training, tools and methods. Facilitated and promoted collaborations with a range of disciplines to integrate health and wellbeing into spatial and environmental planning policy and practice to foster the creation of healthy places and spaces in Wales and reduce inequalities.
SO1.4 By 2027, we will have strengthened the capability of the public health system to influence the wider determinants of health.	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> Developed plan for the Public Health Network Cymru to increase engagement and facilitate connections between members seeking to improve population health and well-being in Wales through action on wider determinants.
	Quarter 2
	<ul style="list-style-type: none"> Developed the wider determinants of health community of interest programme to increase capability and impact of local and national public health practitioners and specialists, informed by learning from year one.
	Quarter 3
	<ul style="list-style-type: none"> Established Shaping Places for Well-being in Wales to support Public Services Boards, supporting the application of systems approaches to influence wider determinants of health, including resources, learning cohorts and baseline evaluation. Described architecture for long term strategy roadmap for influencing wider determinants of health, informed by futures approaches and engagement.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Completed evaluation of Public Health Network Cymru plan to increase engagement and facilitate connections between members.
2026-2027	
<ul style="list-style-type: none"> Developed evaluation of Shaping Places for Well-being in Wales programme and legacy plans. Evaluated the wider determinants of health community of interest of local and national public health practitioners and specialists to inform future work. 	

3.2 Strategic Priority 2 – Promoting mental and social well-being

3.2.1 Introduction

Alongside the wider determinants of health, mental and social well-being form the foundations of lifelong health and well-being. If the wider determinants provide the conditions for good health, social and mental well-being can be seen as the foundations for healthy people and communities.

Mental well-being comprises a range of different elements; how we think, how we understand our emotions and those of others, how we form healthy relationships and our resilience, how we make sense of our experiences. Mental well-being at an individual level is strongly influenced by the social environment in which we live, work, play and learn. The early years of life are central to the development of the foundations for mental well-being and is influenced by interaction between an infant and their parents or carers and by the parental relationships within the home. Where these conditions in childhood are not consistent, we often see long term harm to individuals as a result of adverse childhood experiences (ACEs).

Critically, wider social networks within families and communities contribute to the social well-being of individuals and communities as a whole – the sense of belonging within communities, community connectedness and the creation of networks which actively seek to engage the whole community are fundamental. Communities which create these conditions are less like to experience loneliness and isolation and are more resilient when faced with adversity and trauma.

3.1.2 Overview – why this is a priority

There is a growing body of evidence that mental well-being is fundamental to our ability to respond to the challenges of day-to-day life and our capacity for self-care. Mental well-being, when high, can mitigate the impact of the wider determinants and conversely, when low, can exacerbate their impact. People who enjoy a high level of mental well-being will be better able to take steps to promote their own health and well-being and that of their family and wider community; they are more likely to practice self-care and will have a greater capacity to benefit from healthcare intervention. When mental well-being is low this can lead to ‘self-medication’ through the use of alcohol, drugs or food. This in turn increases the risk of health problems and a reduced likelihood of seeking help at an early stage or accessing preventative care.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.2.3 What success will look like

By 2035, we will have:

- ❖ Worked with others to reduce inequalities in mental and social well-being

- ❖ Synthesised, interpreted and disseminated evidence for effective action to support policy development, legislation and system wide action to promote mental and social well-being and reduce inequalities
- ❖ Co-created a trauma-informed Wales, to reduce impact of adverse childhood experiences and other forms of adversity and trauma
- ❖ Mobilised and enabled evidence-based action to promote and protect mental wellbeing across the system, including in key settings such as education, at work and in communities
- ❖ Supported the system to review or evaluate policy or programmes for their impact on mental and social well-being and inequalities taking a life-course approach
- ❖ Developed strong and purposeful partnerships to increase access to opportunities for people to promote their mental well-being through engagement with the things that keep them mentally well
- ❖ Worked with partners and parents to enable children to achieve optimum social and emotional development

3.2.4 Outcomes

In delivering this priority, we are working towards supporting the system wide outcomes set out below:

Indicator	Earliest date	Earliest	Baseline date	Baseline	Change ⁵
Mean well-being scores among adults (inequality gap)	2016-17	2.9	2022-23	3.3	+ 14 %
Sense of community	2016-17	50.0 %	2021-22	63.8 %	+ 28 %

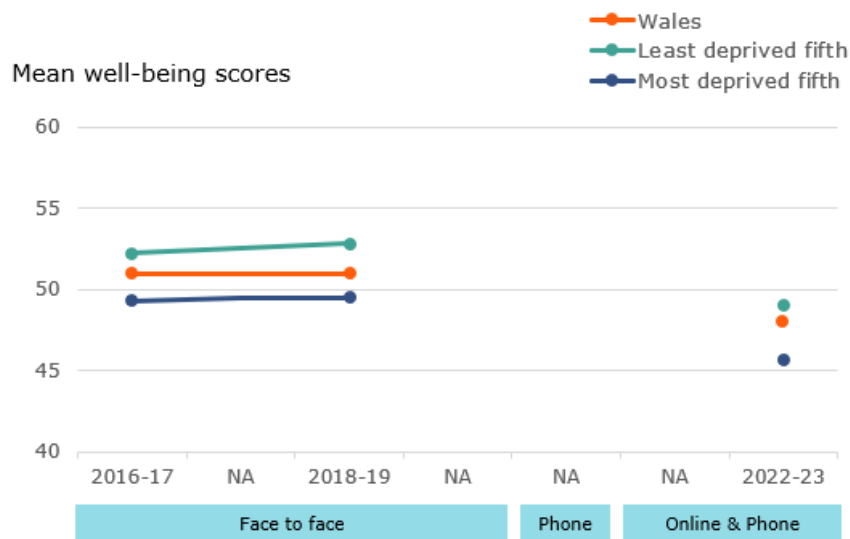
For each, we have provided comparators, where possible, with the earliest available date and current baseline, which has allowed us to identify trends over time:

NB. Caution should be taken when comparing National Survey for Wales data over time due to changes in survey methodology.

⁵ Green and red % denote that the change is statistically significant (non-overlapping confidence intervals), however this test was not possible for all indicators.

Figure 7: Mean well-being scores between the least and most deprived areas in Wales, 2016-17 to 2022-23, National Survey for Wales.

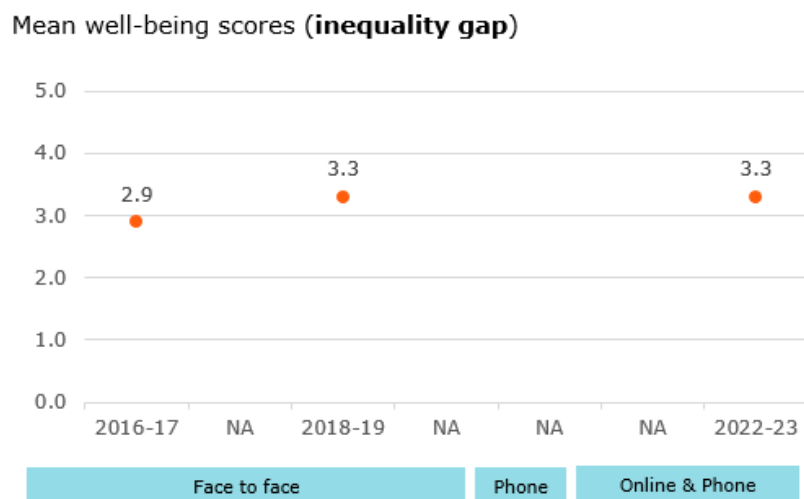
Levels of mental Well-being have fallen over time in all groups.



* This question was not asked in 2017/18, 2019/20, 2020/21 or 2021/22.
 ** The Y axis has been truncated for visual purposes

Figure 8: Mean well-being scores inequality gap between least and most deprived areas in Wales, National Survey for Wales.

While the inequality gap in mean well-being scores has increased by 14% between 2016/17, this increase is not statistically significant



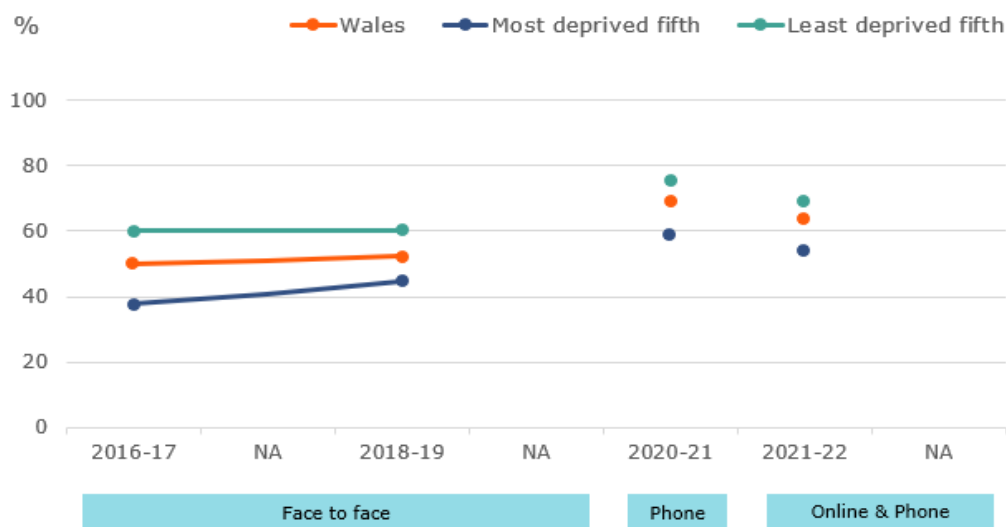
* This question was not asked in 2017/18, 2019/20, 2020/21 or 2021/22.

Mean well-being scores (Figure 7.) across Wales and the least deprived have fallen (6%). The most deprived report the highest fall (7%) between 2016-17 and 2022-23. Although the inequality gap in mean well-being scores increased by 14% across the

period (Figure 8.), the change is not statistically significant and the gap has remained the same since 2018-19.

Figure 9: Percentage of adults reporting a sense of community in Wales by most and least deprived fifth, 2016-17 to 2022-23, National Survey for Wales.

Percentage of people reporting they have a sense of community has increased



* This question was not asked in 2019/20, 2020/21 or 2021/22.

The percentage of adults reporting they have a sense of community has increased for all population groups in Wales (28%) between 2016-17 and 2021-22. A peak was seen during 2020-21 before falling slightly the following year, it is still unclear as to whether this could be a short-term effect of the pandemic that bought communities together locally.⁶

3.2.5 What have we achieved during the last 12 months

During the last year we have continued our work to develop and implement the National Trauma Practice Framework by developing an implementation plan and a children and young people’s version.

We have produced an implementation plan for the youth violence prevention strategy and provided support for the implementation of the Serious Violence Duty. We have increased our ability to monitor the impact of violence through the implementation of a full scale violence prevention surveillance system for Wales.

⁶ Welsh Government (2023), “Wellbeing of Wales, 2023 [Report](#)”

We have continued our development of the mental wellbeing programme of work by engaging extensively with the public and professionals on their understanding of mental wellbeing and testing out our approach to ensure that it is accessible to all. This will inform the ongoing implementation of the Hapus programme of work.

We have undertaken research to understand the barriers and enablers to individuals taking action to promote and protect their mental wellbeing and this work will be published in the coming year.

We have continued our work to support the embedding of a Whole School Approach to Mental and Emotional Wellbeing reporting on learning from the implementation process and continuing our work to share evidence on what works in a way that is accessible to our education partners.

Finally we have continued our work on the importance of the First 1000 Days of a child's life in setting the foundations for lifelong health and wellbeing reviewing the programme of work and setting out plans for the next phase of development. Alongside this we have disseminated finding from our Public Health Approach to Supporting Parents and the first phase of our new parent information offer which reflects the importance of social and emotional development.

3.2.6 What we will achieve in the next three years

We will continue our work to increase understanding of the importance of prioritising action to promote and protect our mental wellbeing, which is more important than ever as the ongoing challenges of the cost of living crisis impact across Wales. We will launch the National Conversation this year and continue to develop and stimulate opportunities for people to engage in mental wellbeing enhancing activities while working with our Hapus Partnership. A key goal will be to reduce inequalities in engagement with the outdoors, creative activities, sport and heritage. We will commence evaluation of the national conversation and our partnership activities.

We will continue our work to support implementation of the Whole School Approach to Mental and Emotional Wellbeing to ensure that all schools have been offered the opportunity for deep dive support. We will be focusing with our partners on evaluation of initial work done including through the roll out of the CAMHS in Reach programme. We will also continue our work to share the evidence base for action to promote mental wellbeing in school settings by sharing learning from the initial phase of the toolkit and finally we will be working with Welsh Government to develop proposals for an integrated approach to health and wellbeing using whole school approaches to simplify the landscape of support for schools.

We will be working with partners in the system to make the case for prioritising the First 1000 Days of a child's life and particular the role of leaders in recognising the impact of action in this phase of life and the importance of creating the conditions for every family to give their children the best start in life.

We will be working with Government and our partners to secure the next phase of work on violence prevention and adversity and trauma.

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO2.1 By 2027, we will have worked with others to reduce inequalities in mental and social well-being.

SO2.2 By 2027, we will have collected, interpreted and shared evidence for effective action to support policy development, legislation and action to promote mental and social well-being and reduce inequalities.

SO2.3 By 2027, we will have helped to reduce the effect of adverse childhood experiences and other forms of trauma.

SO2.4 By 2027, we will have supported action based on evidence to promote and protect mental well-being, including in education, at work and in communities.

SO2.5 By 2027, we will have supported the wider system to review or evaluate policy or programmes for their effect on mental and social well-being and inequalities throughout people's lives.

SO2.6 By 2027, we will have developed strong and purposeful partnerships that will give people more opportunities to improve their mental well-being by getting involved with the things that keep them mentally well.

SO2.7 By 2027, we will have worked with partners to help children achieve the best social and emotional development.

Key Deliverables

Objective	Milestones
SO2.1 By 2027 , we will have worked with others to reduce inequalities in mental and social well-being.	2024-2025
	Quarter 4
	<ul style="list-style-type: none"> Hapus Delivery Network established.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Targeted sector specific initiative established to engage underrepresented groups in mental wellbeing promoting activities.
SO2.2 By 2027 , we will have collected, interpreted and shared evidence for effective action to support policy development, legislation and action to promote mental and social well-being and reduce inequalities.	2026-2027
	<ul style="list-style-type: none"> Active Hapus Champions and supporters Networks established.
	2024-2025
	Quarter 2
	<ul style="list-style-type: none"> Published report on barriers and enablers to engagement with mental wellbeing-promoting activities.
	2025-2026
SO2.3 By 2027 , we will have helped to reduce the effect of adverse childhood experiences and other forms of trauma.	Quarter 3
	<ul style="list-style-type: none"> Undertaken review of evidence on improving psychological and emotional domains of mental wellbeing.
	2026-2027
	<ul style="list-style-type: none"> Disseminated good practice examples of community-based well-being initiatives.
	2024-2025
	Quarter 4
SO2.4 By 2027 , we will have supported action based on evidence	<ul style="list-style-type: none"> All Wales operating Model for Violence developed building on the South Wales Violence Prevention Unit model. Implementation Plan for the delivery of the Wales Trauma-informed Framework beyond 2025 developed.
	2024-2025
	Quarter 3

to promote and protect mental well-being, including in education, at work and in communities.	<ul style="list-style-type: none"> Recommendations made for the next phase of implementation of the Whole School Approach to Mental and Emotional Wellbeing.
	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Produced guidance on creating inclusive wellbeing-promoting community activities.
	Quarter 2
	<ul style="list-style-type: none"> Established Hapus Champions and Supporters Networks.
SO2.5 By 2027 , we will have supported the wider system to review or evaluate policy or programmes for their effect on mental and social well-being and inequalities throughout people’s lives.	2026-2027
	<ul style="list-style-type: none"> Phase 3 Hapus National Conversation Completed.
	2024-2025
	Quarter 4
	<ul style="list-style-type: none"> Learning report published on the roll-out of the CAMHS-in Reach to schools programme.
	2025-2026
SO2.6 By 2027 , we will have developed strong and purposeful partnerships that will give people more opportunities to improve their mental well-being by getting involved with the things that keep them mentally well.	Quarter 4
	<ul style="list-style-type: none"> Phase 1 evaluation report on Hapus National Conversation developed.
	2024-2025
	Quarter 4
	<ul style="list-style-type: none"> Commenced the national conversation on mental wellbeing – Hapus.
	2025-2026
SO2.7 By 2027 , we will have worked with partners to help children achieve the best social and emotional development.	Quarter 4
	<ul style="list-style-type: none"> Phase 2 of Hapus National Conversation completed
	2026-2027
	<ul style="list-style-type: none"> Phase 3 of Hapus National Conversation completed
	2024-2025
	Quarter 1
<ul style="list-style-type: none"> Produced report on the discovery phase of the Every Child Wales refresh. 	
	Quarter 4

	<ul style="list-style-type: none"> • Described the key elements of a strategic approach to improving health and well-being in the early years.
	2025-2026
	Quarter 3
	<ul style="list-style-type: none"> • Published Every Child resources for families with children aged 2-7. • Launched phase 1 of Every Child digital offer.
	Quarter 4
	<ul style="list-style-type: none"> • Scoped opportunities for further co-ordinated action to create the conditions for families in Wales to flourish. • Described the role of early years services in building a sustainable health and care system.
	2026-2027
	<ul style="list-style-type: none"> • Completed report on the evaluation of Every Child Resources (Phase 1). • Completed insight work to assess system leaders understanding of the importance of the early years for future health and wellbeing and current barriers to prioritising action at this time.

3.3 Strategic Priority 3 – Promoting healthy behaviours

3.3.1 Introduction

Promoting healthy behaviours encompasses activity to reduce the burden of disease, disability, and early death that results from behaviours such as use of tobacco, our diet, how active we are and whether and how we use alcohol and other substances.

Our behaviours are closely linked to the social, economic, and environmental factors which have been outlined in earlier priorities. Our approach to tackling healthy behaviours explicitly acknowledges that the opportunities to make healthier choices are influenced by our social and economic circumstances, by where we live, and importantly by the actions of the industries that produce a range of unhealthy commodities. This is why, for the majority of the behaviours, we see a clear socio-economic gradient; they are more common among groups in the population who experience disadvantage. These factors are one of the primary mechanisms through which the wider determinants lead to ill health and health inequalities

We also acknowledge that our behaviours can be a result of our mental well-being. Many of us will recognise how easy it is to eat less healthy foods, often as a treat when we are feeling low, or how our consumption of alcohol may increase when we feel stressed or anxious. For some people these coping behaviours become long term and habit forming and people may need support to adopt healthier coping strategies. In these situations, people often need help to make changes, even when they are motivated to do so.

3.3.2 Overview – why this is a priority

The leading causes of death, particularly early death in Wales such as heart and other circulatory disease, some cancers and respiratory disease, as examples, have strong links to health behaviours as risk factors. A significant proportion of these deaths can be attributed to factors such as smoking, diet, and alcohol use. Behavioural factors also play a part in the conditions which lead to disability such as musculoskeletal diseases and substance use.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.3.3 What success will look like

By 2035, we will have:

- ❖ Worked with others to reduce the burden of disease in Wales from use of health harming products and increased health promoting behaviours.
- ❖ Synthesised, interpreted and disseminated evidence for effective action to support policy, legislation and system wide action on tobacco, diet, physical inactivity, alcohol and other substances.

- ❖ Enabled system wide action by developing and testing new approaches and coordinating programmes of work.
- ❖ Established and implemented mechanisms for rapid assessment of new and emerging behaviours for their public health impact.
- ❖ Reviewed or evaluated policy or programmes for their impact.

3.3.4 Outcomes

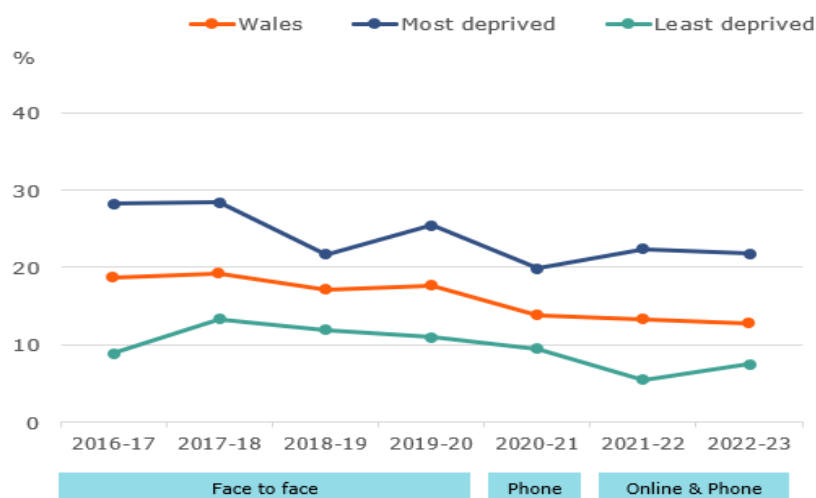
In delivering this priority, we are working towards supporting the system wide outcomes set out below:

Indicator	Earliest date	Earliest	Baseline date	Baseline	Change ⁷
Smoking among adults	2016-17	18.7 %	2022-23	12.8 %	- 32 %
Physical activity among adults	2016-17	53.8 %	2022-23	55.4 %	+ 3 %
Alcohol among adults	2016-17	20.1 %	2022-23	17.2 %	- 14 %
Working age adults of healthy weight	2016-17	39.5 %	2022-23	36.1 %	- 9 %

For each, we have provided comparators, where possible, with the earliest available date and current baseline, which has allowed us to identify trends over time:

Figure 10: Percentage of adults reporting smoking in Wales by most and least deprived fifth, 2016-17 to 2022-23, National Survey for Wales.

Respondents in Wales reporting to smoke has fallen.



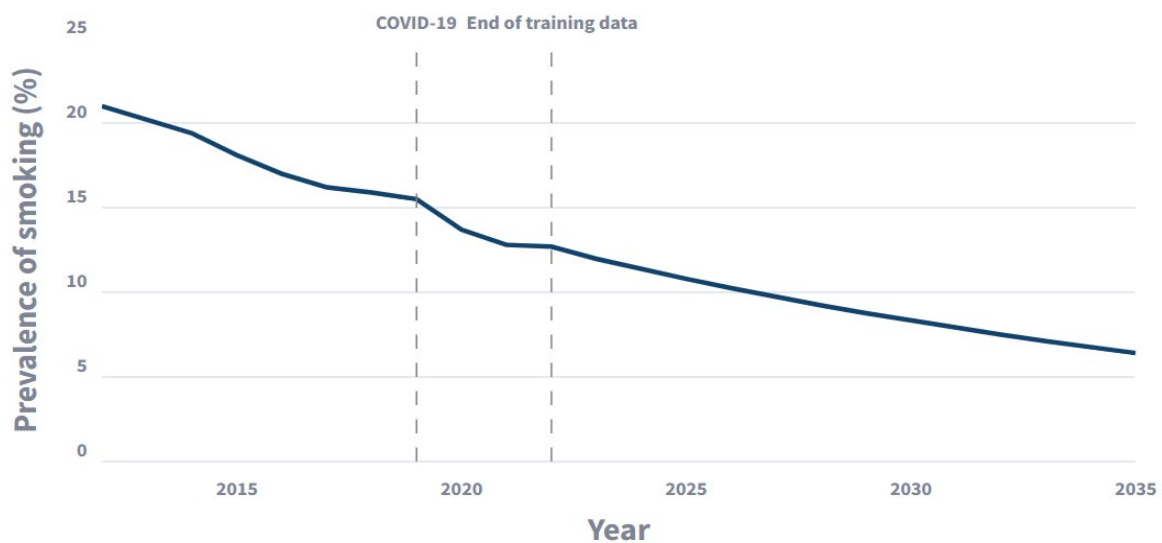
⁷ Green and red % denote that the change is statistically significant (non-overlapping confidence intervals), however this test was not possible for all indicators.

Adults in Wales reporting to smoke has fallen (by 32%) between 2016-17 and 2022-23. There is a difference of 14.3 percentage points between the most and least deprived areas in Wales. Smoking is responsible for over half of the difference in death rates between the most and least disadvantaged groups because 21.8% of respondents living in the most deprived areas report they smoke compared with 7.5% in the least deprived areas.

Figure 11: Modelled projections (Poisson) of prevalence of smoking in Wales, 2010 to 2035.

Projections indicate a steady decline in smoking prevalence

Smoking prevalence projections - Overall



Modelled projections show a smoking prevalence of 8.3% in 2030 and 6.4% in 2035 at a Wales level.

Figure 12: Percentage of adults reporting they meet the physical activity guidelines, by sex in Wales between 2016-17 to 2022-23, National Survey for Wales.

Physical activity levels among adults have remained largely unchanged over time and are consistently higher among men than women.

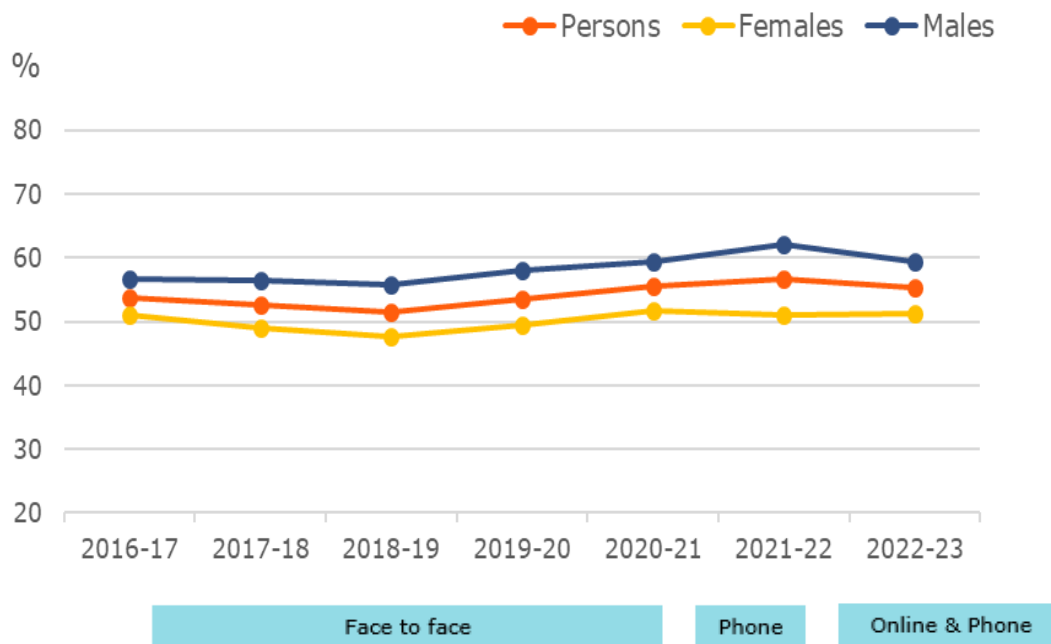
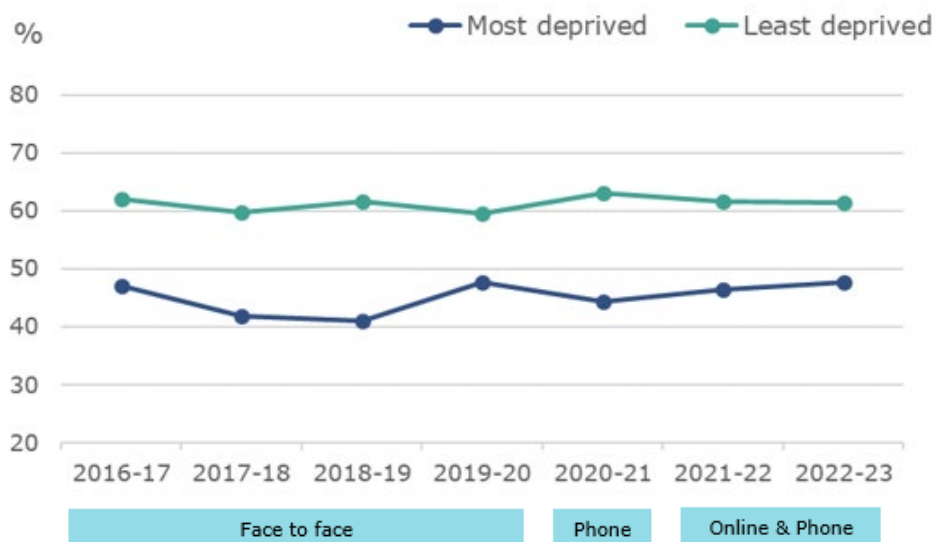


Figure 13: Percentage of adults reporting they meet the physical activity guidelines, by least and most deprived areas in Wales, between 2016-17 to 2022-23, National Survey for Wales.

Physical activity levels are lower in the most deprived areas

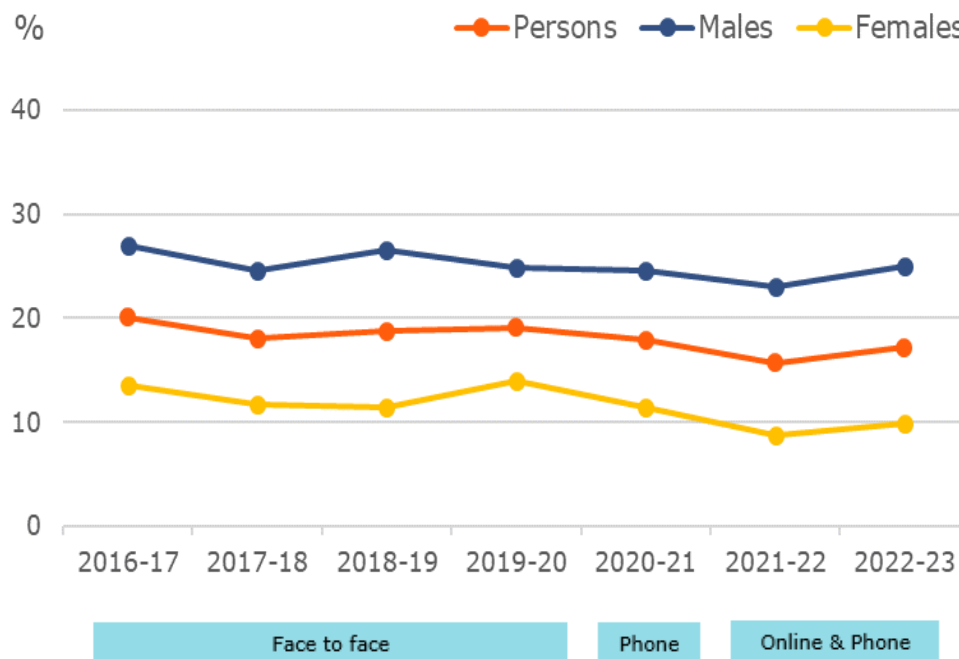


Physical activity levels among males peaked in 2021/22, but the latest data point (2022/23) indicates they have fallen back. Among females there has been little overall change.

There is difference in the proportion of the adult population who meet physical activity guidelines between the most and least disadvantaged communities with a gap of around 14 percentage points. This gap has remained largely stable over time.

Figure 14: Percentage of adults reporting drinking above guidelines by sex in Wales between 2016-17 to 2022-23, National Survey for Wales.

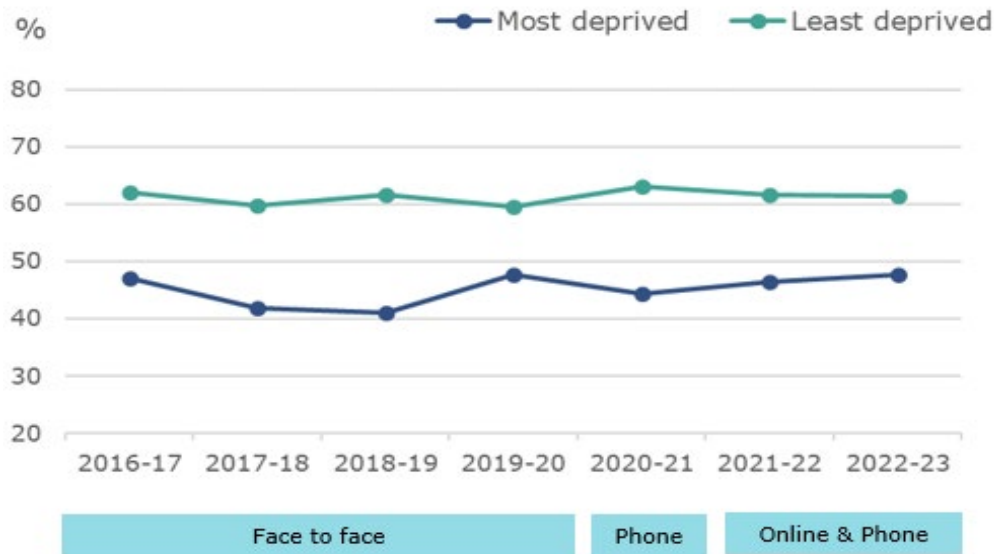
Percentage of women reporting higher risk drinking has fallen over the period shown



Adults reporting higher risk drinking has fallen across Wales between 2016-17 to 2022-23. Levels of drinking have fallen more for females (28%) compared with males (7%) across the years.

Figure 15: Percentage of adults reporting they drink above the guidelines by most and least deprived in Wales between 2016-17 to 2022-23, National Survey for Wales.

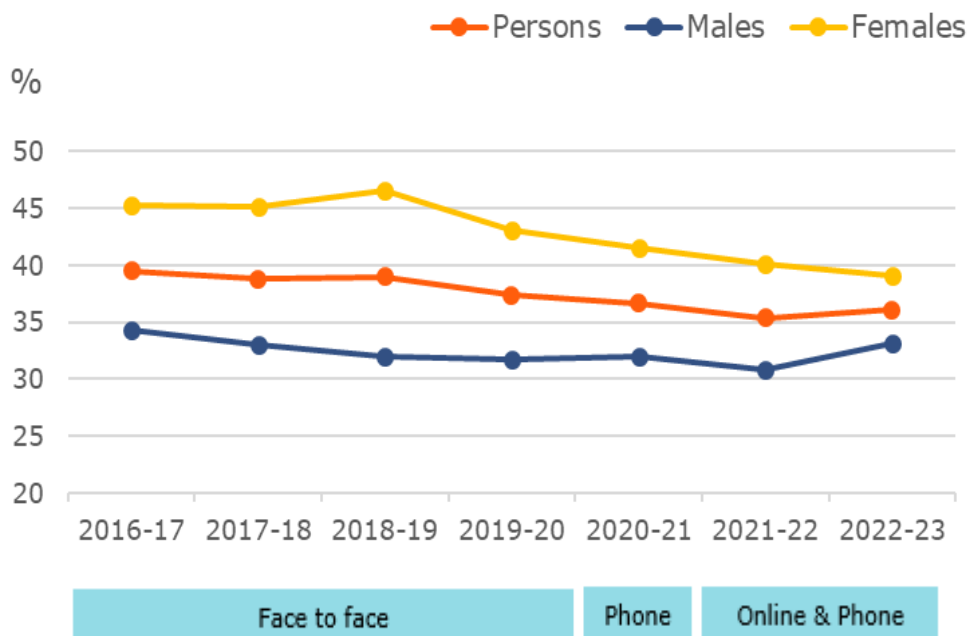
The percentage of adults drinking above guidelines is higher among those living in the least deprived areas.



Those in the most disadvantaged areas are less likely to report higher risk drinking than those in more affluent areas and this difference has remained largely stable over time. However, those living in the most disadvantaged communities experience a greater level of alcohol related harm ⁸

Figure 16: Percentage of working age adults (16-64) of a healthy weight, by sex in Wales between 2016-17 to 2022-23, National Survey for Wales

Working age adults of healthy weight has fallen, particularly among females

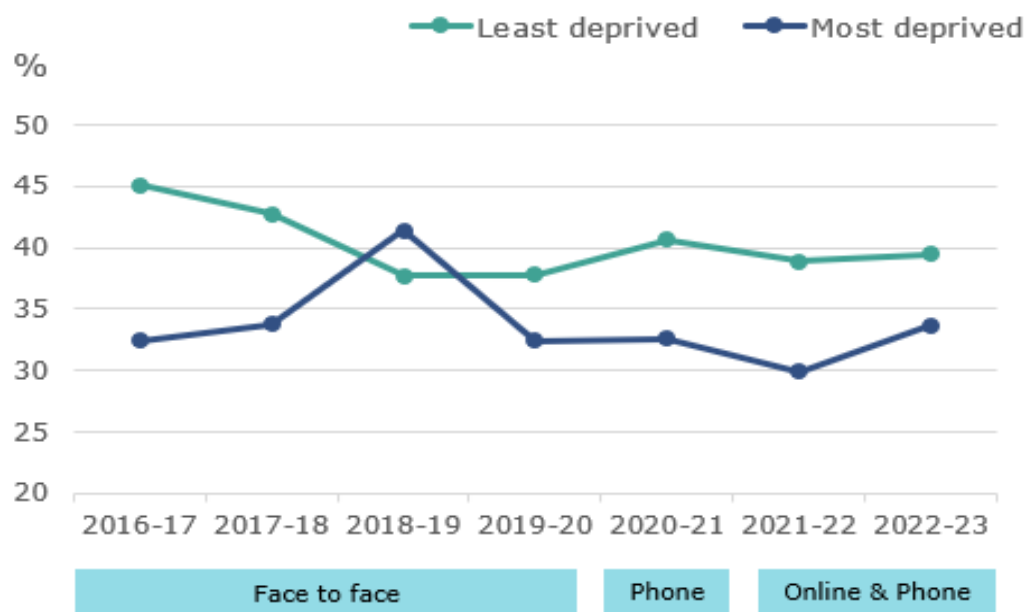


⁸ Public Health Wales (2018) "Health and its determinants in Wales", [Summary](#).

The proportion of adults who are a healthy weight has fallen between 2016-17 and 2022/23. The change over time for females is significantly greater at 14 percentage points compared to 3 percentage points for males.

Figure 17: Percentage of working age adults (16-64) of a healthy weight, by least and most deprived areas in Wales between 2016-17 to 2022-23, National Survey for Wales.

The deprivation gap for working age adults of a healthy weight has narrowed across the period shown



An increase across the years is seen among working age adults living in the most deprived area reporting a healthy weight (4%) and a decrease among the least deprived (12%).

3.3.5 What have we achieved during the last 12 months

We have continued to implement key actions in relation to national strategy and policy priorities including Healthy Weight Healthy Wales, A Smoke Free Wales and the Curriculum for Wales.

We have continued support for the development and implementation of the All Wales Weight Management Pathway including undertaking a review of progress and we have continued to support the development of a whole system approach and approaches to supporting children and families. We have completed work on maximising the opportunity of school meals to improve population health outcomes and inequalities. We have continued our work to promote Active School Travel including the Hands Up Survey and three new place based approaches to promoting active school travel pilots in Wrexham, Torfaen and Blaenau Gwent.

We led a new approach to looking at emerging health problems relating to non-communicable disease drawing on methods normally used in managing outbreaks to

look at the impact of vaping on young people in response to concerns from across the system. We have also continued to support the implementation of the improvement work on smoking in pregnancy and help me quit in hospital.

We have reintroduced the JUSTB programme across Wales to prevent smoking uptake targeted at the schools where children have the greatest risk of becoming a smoker. We have continued our work to improve the Welsh Network of Healthy School schemes and achieve greater integration with the Whole School Approach to Mental and Emotional Wellbeing working closely with schools and the wider education system to ensure the changes work for schools and simplify the landscape. We have commenced work to support implementation of the Curriculum for Wales Health and Wellbeing Area of Learning and Experience and continue to work with Sport Wales, Welsh Government and Natural Resources Wales to develop the Daily Active approach to maximising the opportunities of the school day to promote physical activity.

We have re-established our work to develop a public health approach to preventing harm from substance use working across the organisation and with the wider system. We have also supported Welsh Government in responding to the planned introduction of the Gambling Levy.

3.3.6 What we will achieve in the next three years

We will continue our work to support implementation of Healthy Weight Healthy Wales working with the Directors of Public Health and Welsh Government to further refine our whole systems approach. We will make recommendations on learning from the Children and Families Pilots and commence formal reporting on the All Wales Weight Management pathway.

We will increase our focus on prevention of obesity and overweight through the 10 Steps Programme and begin to share evidence for effective action in the first year of life in life. This will see us accelerate work to implement the current breastfeeding action plan and produce an Infant Feeding Action Plan for Wales. We will also work with Welsh Government to maximise the impact of the Healthy Start Programme and school meals to reduce health inequalities.

Travelling actively to school is one of the most effective public health actions impacting on physical activity and healthy weight but also climate change and air quality. We will reflect on learning from the place based approach pilots and secure further engagement with the Hands Up Survey in primary schools.

We will undertake a comprehensive needs assessment for substance use to help frame recommendations for a population-based approach to preventing alcohol and drug related harm which encompasses prevention, treatment and harm reduction.

We will continue our work with the Directors of Public Health to maximise the impact of Help Me Quit system and make recommendations for improvement following a comprehensive review next year. We will also be working to develop options for further 'end game' policies and supporting the implementation of planned legislation

on tobacco and vaping. We will also be reflecting on the learning from the Incident Response Group to inform future action.

Over the next three years we will complete implementation of the Welsh Network of Health Promoting School Improvement Programme to optimise the support to schools in creating the conditions for good health for our children and young people along with ongoing work to support the implementation of the Curriculum for Wales. We will continue our targeted approach to the delivery of JUSTB to reduce inequalities in uptake of smoking.

Finally, we will continue our focus on the commercial determinants of health and make recommendations on opportunities to reduce children's exposure to unhealthy commodities in places where they live, learn and play.

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO3.1 By 2027, we will have worked with others to reduce ill health and death from the use of products which are harmful to health, and promoted behaviours that lead to good health.

SO3.2 By 2027, we will have produced, interpreted, and shared evidence for effective action to support policy, legislation and action on tobacco, diet, inactivity and alcohol and other substances.

SO3.3 By 2027, we will have developed and tested new approaches and co-ordinated programmes of work across the wider system.

SO3.4 By 2027, we will have methods in place for assessing the effect of new and emerging behaviours on public health.

SO3.5 By 2027, we will have reviewed or evaluated the effect of policy or programmes.

Key Deliverables

Objective	Milestones
<p>SO3.1 By 2027, we will have worked with others to reduce ill health and death from the use of products which are harmful to health, and promoted behaviours that lead to good health.</p>	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> Described the strategic approach to reducing smoking uptake necessary to achieve the 2030 smoke free target. Produced the final design proposals for the Daily Active.
	Quarter 2
	<ul style="list-style-type: none"> Enhanced functionality of the Healthy Weight Healthy You Digital Service.
	Quarter 3
	<ul style="list-style-type: none"> Shared and disseminated progress and learning from the 2022-2024 Primary Care Obesity Prevention Action Plan.
	Quarter 4
	<ul style="list-style-type: none"> Produced a needs assessment to prevent and reduce harm from substance use in Wales. Published Year 1 Activity Report for the Place Based Approach to Active Travel. Made recommendations for action to reduce children’s exposure to unhealthy commodities marketing.
	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Co-ordinated the production of a revised All Wales Infant Feeding Action Plan.
	Quarter 2
	<ul style="list-style-type: none"> Produced Progress Report for the Daily Active Whole School Approach to Physical Activity.
	Quarter 3
	<ul style="list-style-type: none"> Action plan agreed for reducing smoking harms to vulnerable populations arising from the review in 2024/25. Developed strategy to implement recommendations arising from the Substance Use Needs Assessment. Produced recommendations to address the impact of the commercial determinants of health on smoking and smoking harms in Wales.
Quarter 4	
<ul style="list-style-type: none"> Produced end of programme report on improvement actions to reduce smoking during pregnancy. 	

	<ul style="list-style-type: none"> Produced Year 2 Activity Report for the Place based Approach to Active School Travel.
	2026-2027
	<ul style="list-style-type: none"> Developed a Whole School Approach to Food. Implemented year 1 of substance use strategy and produce annual report on milestones. Produced evaluation report for the Daily Active Whole School Approach to Physical Activity. Produced evaluation report for the Place Based Approach to Active School Travel.
<p>SO3.2 By 2027, we will have produced, interpreted, and shared evidence for effective action to support policy, legislation and action on tobacco, diet, inactivity and alcohol and other substances.</p>	2024-2025
	Quarter 3
	<ul style="list-style-type: none"> Published report on the evidence base for action to reduce harm from smoking among vulnerable population groups. Produced evidence to support implementation of phase 2 of the Healthy Food Environment Regulations.
	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Developed recommendation for future programme development arising from the children's and families pilot.
	Quarter 2
	<ul style="list-style-type: none"> Launched a resource hub for the Whole Systems Approach to healthy weight.
	Quarter 3
	<ul style="list-style-type: none"> Described the specific policy opportunities to make a positive change to the food environment for babies and children.
	Quarter 4
	<ul style="list-style-type: none"> Developed behaviourally informed recommendations for policy and practice for the 10 Steps to a Healthy Weight.
	2026-2027
<ul style="list-style-type: none"> Scoped work on influencing out of home food environments. Recommended action to mitigate the impact of proposed legislation relating to disposable vapes. 	
<p>SO3.3 By 2027, we will have developed and tested new approaches and co-ordinated programmes of work across the wider system.</p>	2024-2025
	Quarter 2
	<ul style="list-style-type: none"> Launched minimum standards for Health and Wellbeing Promoting Schools in Wales.
	Quarter 3
	<ul style="list-style-type: none"> Further developed and enhanced Help Me Quit website to support service delivery.

	<p>Quarter 4</p> <ul style="list-style-type: none"> Reported on progress in implementing the Smoking In Pregnancy Improvement Plan. Published an end of Phase 3 evaluation report for the Help Me Quit in Hospital Implementation Programme. Implemented support to NHS Wales in promoting healthy behaviours among NHS staff. Produced recommendations for the future training requirement for the National Exercise Referral Scheme (NERS) workforce in Wales. Provided strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile and Gwen Am Byth.
	<p>2025-2026</p>
	<p>Quarter 3</p> <ul style="list-style-type: none"> Developed behavioural components to NERS programme delivery to promote client adherence.
	<p>Quarter 4</p> <ul style="list-style-type: none"> Consulted with the system on proposed accreditation process for Health and Well-being Promoting Schools in Wales minimum standards.
	<p>2026-2027</p> <ul style="list-style-type: none"> Agreed actions to prevent nicotine use. Undertaken review of funding mechanisms for WNHWPS and recommendations made. Scoped options for regional oversight and governance of NERS operational delivery.
<p>SO3.4 By 2027, we will have methods in place for assessing the effect of new and emerging behaviours on public health.</p>	<p>2024-2025</p>
	<p>Quarter 4</p> <ul style="list-style-type: none"> Made recommendations to the wider system for initial action to prevent gambling related harm.
	<p>2025-2026</p>
	<p>Quarter 4</p> <ul style="list-style-type: none"> Developed a process drawing on learning from the Vaping Incident Response Group and the Gambling Related Harm to emerging behaviours and health.
<p>SO3.5 By 2027, we will have reviewed or evaluated the effect of policy or programmes.</p>	<p>2024-2025</p>
	<p>Quarter 1</p> <ul style="list-style-type: none"> Agreed with Directors of Public Health a methodology for the review of NHS smoking cessation services in Wales.
	<p>Quarter 2</p> <ul style="list-style-type: none"> Produced protocol for the evaluation of the introduction of Food Environment measures in Wales.

	<ul style="list-style-type: none"> • Piloted an evidence-based assessment tool for the healthy weight pathway.
	Quarter 3
	<ul style="list-style-type: none"> • Produced recommendations for a revised data reporting system for Help Me Quit Services in Wales. • Made recommendations to the wider system for a measurement framework to capture activity and impact in relation to Making Every Contact Count (MECC).
	Quarter 4
	<ul style="list-style-type: none"> • Recommendations made for an outcomes and data framework for measuring infant feeding outcomes. • Made recommendations on the opportunities to increase impact on the Healthy Start Scheme in Wales. • Evaluated the impact of the Healthy Weight Healthy You digital tool. • Produced an annual report for the JUSTB programme. • Implemented Phase 2 of Health Improvement Patient Information System for Help Me Quit System. • Produced the first national activity and outcomes report for the All Wales Weight Management Pathway.
	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> • Supported implementation of MDS for the Childrens weight management pathway.
	Quarter 3
	<ul style="list-style-type: none"> • Agreed mechanisms for routine collection of data and reporting of MECC activities across NHS Wales.
	Quarter 4
	<ul style="list-style-type: none"> • Reported on the initial implementation of the minimum data set for the All Wales Weight Management Pathway. • Produced an annual report for the JUSTB programme.
	2026-2027
	<ul style="list-style-type: none"> • Reviewed activity and outcomes from the All Wales Weight Management Pathway and make recommendations for continuous improvement. • Produced an annual report for the JUSTB programme. • Established Network of NHS Wales MECC champions.

3.4 Strategic Priority 4 – Supporting the development of a sustainable health and care system focused on prevention and early intervention

3.4.1 Introduction

Public Health Wales has a national role in providing evidence-based leadership in the development of public health strategies and in working in partnership with NHS Wales and communities to co-ordinate public health activities. The health and care system is working together to ensure healthcare is fit for now and future generations, which requires the development of sustainable models of healthcare. Our approach will reflect evidence-based prevention activity and action.

A Healthier Wales has an ambition for everyone in Wales to have long, healthy, happy lives and sets the policy direction for how the health and social care system will work together to deliver sustainable models of care. Sustainable healthcare delivers high quality care without damaging the environment, is affordable now and in the future, and delivers positive social impact. This includes shifting services out of hospital to communities where appropriate, having more services which stop people getting ill by detecting things earlier, or preventing them altogether. This will include helping people manage their own health and long term illnesses. It also means making things easier for people to remain active and independent in their homes and communities.

3.4.2 Overview – why this is a priority

More people in Wales are living longer and needing more health and social care than before, but resources are stretched. An ageing population, inequalities in health and health outcomes and a legacy of issues as a result of the Covid-19 pandemic and rise in the cost of living have combined to result in huge pressures on the health and care system. This is having significant impacts upon patients and their families, including in relation to access and timeliness of treatment, avoidable harm and overall outcomes. Whilst there are several immediate pressures, it remains paramount that we focus on prevention, early intervention, and equity to develop sustainable models of care that meet current and future population needs, reduce harm and improve outcomes.

Public Health Wales released projections on World Diabetes Day (14th November) 2023 that around one in 11 adults in Wales could be living with diabetes by 2035 if current trends continue. This would be an additional 48,000 people, mostly with preventable Type 2 Diabetes, and a 22 per cent increase compared with 2021/22. More than 200,000 people in Wales are already living with diabetes, around eight per cent of adults. Around 90 per cent of these cases have type 2 diabetes (T2DM), over half of which could be prevented or delayed with behaviour changes.

There is a shared recognition that we need to halt the rise in diabetes prevalence (T2DM) and we need to ensure people living with it are in the best health possible,

minimising the impact of the condition and its complications. A step-change in diabetes management and prevention is therefore needed and we have an opportunity for collaboration across NHS Wales and the diabetes network to enable system-wide benefits of focussing on prevention and effective care for those with diabetes. We will take this forward through the delivery of the Tackling Diabetes Together Programme, which will take a system-wide and cross-organisational approach to delivery.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.4.3 What will success look like

By 2035, we will have:

- ❖ Supported the system to shift the balance of health and care towards prevention and early intervention.
- ❖ Maximised opportunities to prevent disease morbidity through a focus on secondary prevention and health and care interactions, ensuring resources are allocated fairly.
- ❖ Supported care moving closer to home, ensuring it is person-centred.
- ❖ Provided data, analysis, research and evaluation evidence to improve the health and well-being of Wales and tackle health inequalities.
- ❖ Supported our partners to use the size, scale and reach of the NHS to positively influence the health and well-being of communities.

3.4.4 Outcomes

In delivering this priority, we are working towards supporting the system wide outcomes set out below:

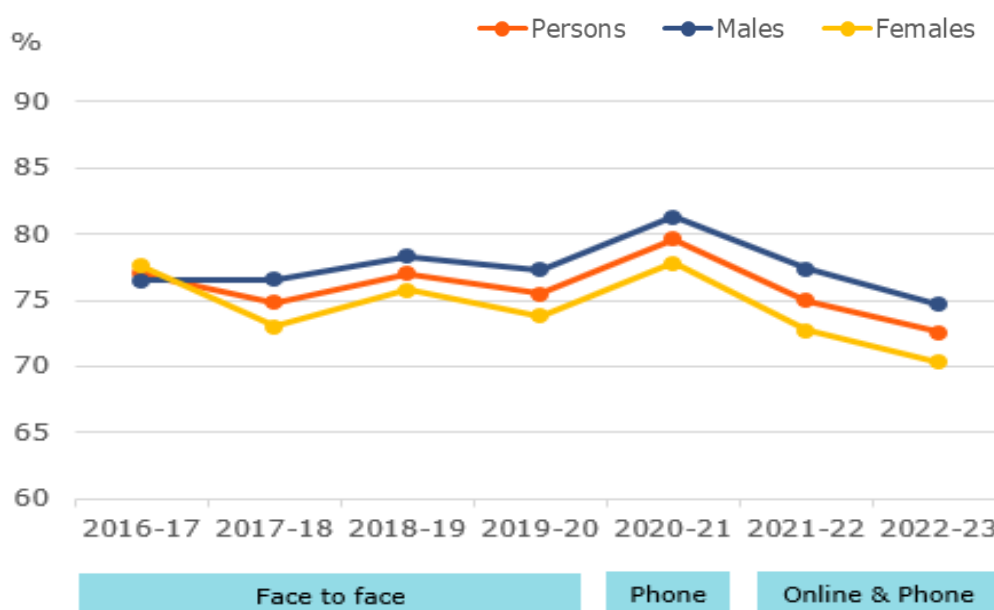
Indicator	Earliest date	Earliest	Baseline date	Baseline	Change ⁹
Working age adults of good health	2016-17	77.0 %	2022-23	72.6 %	- 6 %
Working age adults free from Limiting Long-Term Illness (LLTI)	2016-17	73.7 %	2022-23	69.0 %	- 6 %
Older people in good health	2016-17	57.6 %	2022-23	59.9 %	+ 4 %
Older people free from LLTI	2016-17	48.0 %	2022-23	47.7 %	0

⁹ Green and red % denote that the change is statistically significant (non-overlapping confidence intervals), however this test was not possible for all indicators.

For each, we have provided comparators, where possible, with the earliest available date and current baseline, which has allowed us to identify trends over time:

Figure 18: Percentage of working age adults (16-64) in good health, by sex in Wales between 2016-17 to 2022-23, National Survey for Wales.

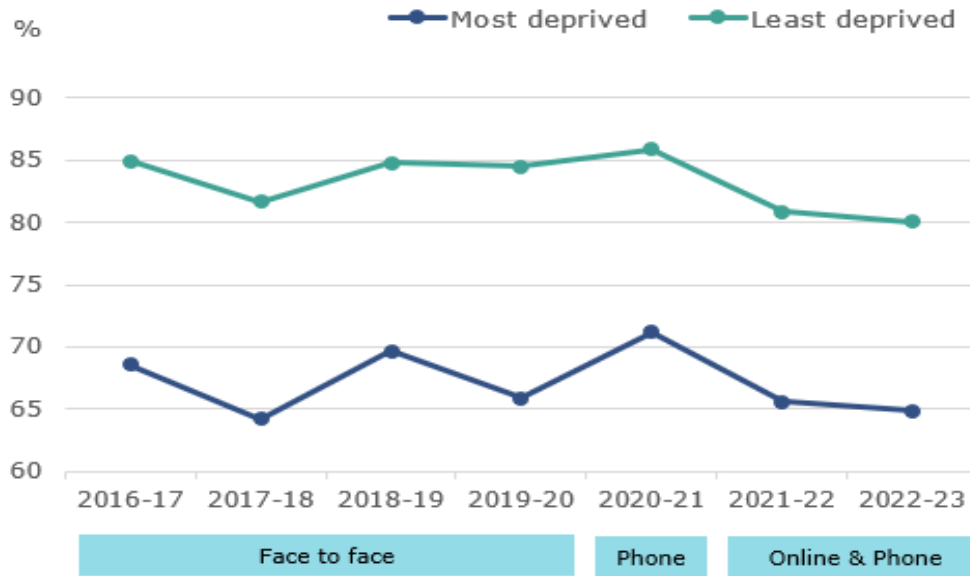
Working age adults in good health is falling across Wales



Working age adults (16-64) of a good health has fallen for both males (2%) and females (9%) across the years. It is worth noting that during the peak pandemic period (2020-21) the percentage of working age adults reporting to be in good health was at its highest and has since fallen year on year. This measure asked respondents how they feel and maybe influenced by mood and attitude towards life at that time.

Figure 19: Percentage of working age adults (16-64) of a good health, by least and most deprived areas in Wales between 2016-17 to 2022-23, National Survey for Wales.

Working age adults reporting good health is lower in the most deprived areas

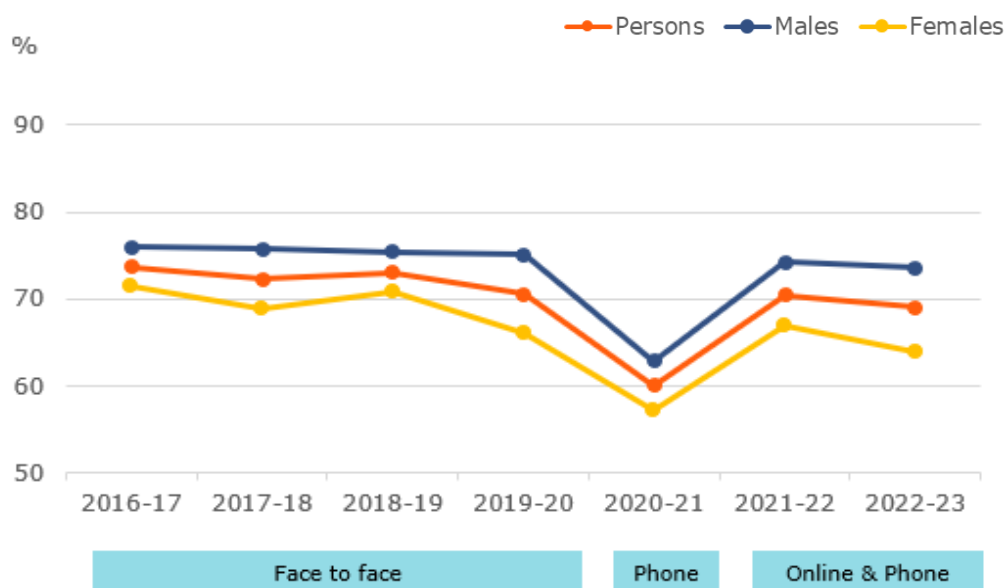


The proportion of people in least deprived areas reporting good health is around 15 % points higher than the most deprived areas. Across the years a fall in good health is reported for both the most deprived (5%) and least deprived (6%). A fall in disposable income due to energy price rises, housing and food costs; deterioration of public services due to lack of funding and pressures on the NHS are possible factors that are influencing this downward trend in Wales. In addition, people living in the most deprived experience lower social and economic status associated with poorer health.¹⁰

Figure 20: Percentage of working age adults (16-64) free from long-term limiting illness, by sex in Wales between 2016-17 to 2022-23, National Survey for Wales.

Working age adults free from long-term limiting illness (LLTI) falling across the years

¹⁰ Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020). *Health equity in England: The Marmot Review 10 years on*. London: Institute of Health Equity.

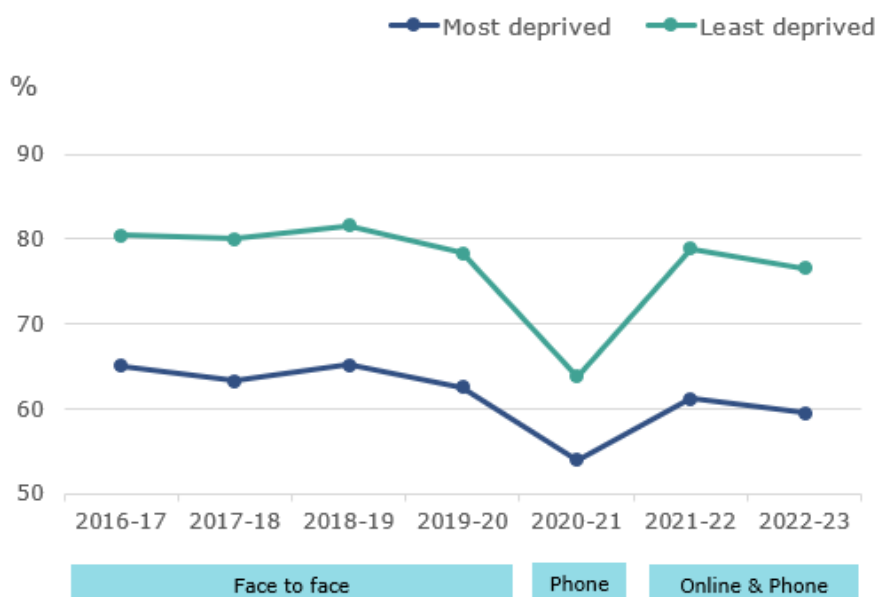


Working age adults in Wales reporting they are free from long-term limiting illness has fallen by (6%) to 69% at the latest year suggesting a worsening of health over time. The largest change can be seen in females with a reported 10% decrease compared to males (3% fall).

It is worth noting that during the pandemic period in 2020-21 a large difference (fall) was seen in the percentage of adults reporting they were free from LLTI compared to any other years. This data tells the opposite story to the subjective measure reported on good health (Figure 19).

Figure 21: Percentage of working age adults (16-64) free from long-term limiting illness, by least and most deprived areas in Wales between 2016-17 to 2022-23, National Survey for Wales.

Working age adults free from LLTI has decreased more in the most deprived areas



The proportion of working age adults free from LLTI has fallen in both the most deprived (9%) and least deprived (5%) areas in Wales across the years. The pandemic period (2020-21) saw a sharp fall in % of working age adults free from LLTI particularly among people living in the least deprived areas.

3.4.5 What have we achieved during the last 12 months

During the last year, we have focussed on prevention across the health and care system in a number of ways. We have led the establishment of the national 'Tackling Diabetes Together' programme, working with the NHS Executive, health boards and the wider public health system with the aim of slowing the rate of increase of the prevalence of type 2 diabetes and to increase the number of people living well with diabetes in Wales. We have continued to coordinate the delivery of the All Wales Diabetes Prevention Programme, publishing the year one activity report and the national process evaluation alongside a diabetes prevalence report. We concluded the delivery of the Primary Care Obesity Prevention programme, and a new Cardiovascular disease prevention programme was also launched in collaboration with the National Strategic Clinical Network for Cardiovascular Disease.

We have continued our work with our primary care partners to embed prevention in the health and care system. Key outputs include resources to support frontline primary care workforce to take demonstrable action on prevention, a glossary of terms and series of case studies showcasing social prescribing in Wales and a 'Prevention-Based Health and Care' framework co-produced with partners.

We have undertaken a mapping exercise to understand the range of services providing Primary Health Care to vulnerable groups across Wales, progressed work on the development of a health inequalities framework for primary care and working with the Strategic Programme for Primary Care developed a Tier 2 service specification and resource portal for primary care health inclusion services.

We continue to lead the national evaluation of the Primary Care Model for Wales. We produced a Cluster Self Reflection toolkit and refreshed the Cluster Maturity Matrix which will be used in the second round of Cluster Peer Reviews in the Spring. We have updated the cluster working in Wales handbooks which support health and care staff involved in clusters across Wales, and progressed work to refresh the Cluster Planning Support Portal and minimum data set.

Our work to increase prevention through primary dental care saw us provide national coordination of the child dental health inspection programme of 9,300 school year one (five-year-old) children in Wales and continued the national coordination of the Designed to Smile programme. We also worked with the Care Inspectorate Wales (CIW) to highlight how CIW can support our care home programme (Gwen Am Byth) to improve residents' oral health and associated quality of life.

We have led on the use of social value methods, delivering 'value in public health' masterclass to help build organisational and NHS capability in assessing holistic value and well-being impact. We have also developed an 'Investing in Population Health and Well-being Systems Toolkit to support the NHS budget shift towards prevention.

Our NHS Safeguarding Service has continued with its strategic role in coordinating and managing the NHS Wales Safeguarding Network and published the Network's annual report with learning shared from quality improvements and innovations across NHS Wales. The Network also published a quality in safeguarding statement.

Our Greener Primary Care work has continued into year three. 1,724 climate friendly actions were achieved during Year 2, successes were captured through the publication of a Greener Primary Care Year Book and [a suite of videos](#) showcasing climate impact work undertaken in each contractor profession. A Green Primary Care Champions proof of concept pilot was established across the seven health board along with a collaboration with Local Partnerships to gather behavioural insights and develop a suite of collateral and assets to encourage primary and community care to take climate change action. Finally, we have provided public health leadership and chair the national Decarbonisation – Inhaler use and disposal Task and Finish Group, providing a coordinated approach, national oversight, input and support to address inhaler use and disposal in Wales.

3.4.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO4.1 By 2027, we will have worked with health boards and the wider public health system to slow the rate of increase of the prevalence of type 2 diabetes increasing and to increase the number of people living well with diabetes in Wales.

SO4.2 By 2027, we will have developed a framework for healthcare public health in collaboration with key stakeholders.

SO4.3 By 2027, we will have established a leading role in using Social Value methods and tools, health economics and modelling to inform decision-making and investment prioritisation towards improving population health, reducing inequalities and building a Well-being Economy in Wales.

SO4.4 By 2027, we will have enabled NHS Wales to improve and transform the quality, safety and effectiveness of safeguarding services for the people in Wales.

SO4.5 By 2027, we will have delivered the public health contribution to the national programme for transformation and primary care.

SO4.6 By 2027, we will have achieved a coordinated approach to prevention and early intervention in primary care settings.

SO4.7 By 2027, we will have worked with Welsh Government and other system partners to increase prevention through primary dental care and supported implementation of reform of General Dental Services in Wales.

Key Deliverables

Objective	Milestones
<p>SO4.1 By 2027, we will have worked with health boards and the wider public health system to slow the rate of increase of the prevalence of type 2 diabetes increasing and to increase the number of people living well with diabetes in Wales.</p>	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> Formal establishment of the Tackling Diabetes Together Programme.
	Quarter 3
	<ul style="list-style-type: none"> Supported the National Clinical Network to develop a plan for health boards to support a reduction in unwarranted variation against the bundle of 8 care processes and 3 main treatment targets in Diabetes. Supported the National Clinical Network to review and expand the menu of options available within existing services to support self-management for both T1D & T2D with the aim of improving glycaemic control.
	Quarter 4
	<ul style="list-style-type: none"> Continued delivery and expansion of the AWDPP programme. Delivered year one of the Tackling Diabetes Together Programme in line with programme plan.
<p>SO4.2 By 2027, we will have developed a framework healthcare public health in collaboration with key stakeholders.</p>	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Worked with system partners to scale up and mainstream the AWDPP to achieve full population coverage across Wales, with continued development of the programme in line with findings from the outcome evaluation.
	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> Undertaken discovery work and engage across the system to inform the production of a Healthcare Public Health Framework for Wales.
Quarter 2	
<ul style="list-style-type: none"> Developed and published the framework for healthcare public health in collaboration with key stakeholders, including health boards, the NHS Executive and Welsh Government. 	
Quarter 3	
<ul style="list-style-type: none"> Completed a review of healthcare public health activity in Public Health Wales and developed a plan to ensure full alignment with the healthcare public health framework for Wales. 	
2025-2026	

	<p>Quarter 4</p> <ul style="list-style-type: none"> Supported the implementation of the Healthcare Public Health Framework for Wales.
	<p>2026-2027</p> <ul style="list-style-type: none"> Undertaken a review and update Healthcare Public Health Framework for Wales.
<p>SO4.3 By 2027, we will have established a leading role in using Social Value methods and tools, health economics and modelling to inform decision-making and investment prioritisation towards improving population health, reducing inequalities and building a Well-being Economy in Wales.</p>	<p>2026-2027</p> <ul style="list-style-type: none"> 'Public Health and the Well-Being Economy' programme developed to support foundational economy and investing in prevention for the NHS, Wales and WHO.
	<p>2024-2025</p> <p>Quarter 2</p> <ul style="list-style-type: none"> Facilitated the NHS Safeguarding Network Work Plan, presented learning, quality improvements and innovations captured in the Annual Report 2023/24. Worked with the Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to simplify and focus the NHS Safeguarding Network Work Plan for 2024/25 around thematic safeguarding learning. <p>Quarter 3</p> <ul style="list-style-type: none"> Developed person reported outcome measures (PROMs) and person reported experience measures (PREMs) for safeguarding, linking with the Duty of Quality and the Duty of Candour, prevention of harm and young people. Worked with the Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Safeguarding Network Work Plan 2025/26. <p>Quarter 4</p> <ul style="list-style-type: none"> Delivered the Safeguarding Quality Assurance Framework as a replacement for the Safeguarding Maturity Matrix in line with the Duty of Quality guidance to facilitate Annual Quality reporting by NHS Wales' organisations. Provided safeguarding system leadership for NHS Wales, facilitating expertise and support to NHS organisations through: updating the safeguarding leadership hub; facilitating engagement; sharing learning; sustainability planning, and supervision and succession planning.
<p>SO4.4 By 2027, we will have enabled NHS Wales to improve and transform the quality, safety and effectiveness of safeguarding services for the people in Wales.</p>	

	<ul style="list-style-type: none"> • Developed a national survey based on the person reported outcome measure (PROM) and person reported experience measures (PREMs) in respect of looked after children (LAC). • Contributed to the Strengthening Safeguarding in Health Review, providing subject matter expertise, system leadership, and supporting the delivery of improvement recommendations. • Reviewed activity and impact of Add to Your Life and made recommendations for future action
	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> • Facilitated the NHS Safeguarding Network Work Plan, presenting learning, quality improvements and innovations captured in the Annual Report 2024/25.
	Quarter 3
	<ul style="list-style-type: none"> • Worked with the Executive Directors of Nursing and the Office of the Chief Nursing Officer, Welsh Government, to craft the NHS Safeguarding Network Work Plan 2026/27.
	Quarter 4
	<ul style="list-style-type: none"> • Continued to mature quality assurance reporting and benchmarking in relation to Safeguarding by NHS Wales' organisations. • Maturing and ongoing improvement of the safeguarding system leadership for NHS Wales, facilitating expertise and support to NHS organisations through: updating the safeguarding leadership hub; facilitating engagement; sharing learning; sustainability planning, and supervision and succession planning. • Alongside the work of the Strengthening Safeguarding in Health Review, improvements will be based on the thematic learning from multiple national reviews and reports, with assurance around the progress achieved, for example, national work being led by the NSS on sexual safety in health services. • Reviewed and evaluated the 2024/25 NHS Safeguarding Network Work Plan with the Executive Directors of Nursing and the Office of the Chief Nursing Officer.
	2026-2027
	<ul style="list-style-type: none"> • Evaluated the impact of quality assurance reporting and benchmarking in relation to Safeguarding by NHS Wales' organisations. • Facilitated the NHS Safeguarding Network Work Plan, presenting learning, quality improvements and innovations captured in the Annual Report 2025/26. • Using the survey data outcomes from the national Survey undertaken in Year Two, undertaken a review of the experiences and outcomes of carers and LAC to inform improvements in future planning. • Evaluated and improved the safeguarding system leadership for NHS Wales, facilitating expertise and support to NHS organisations through: updating the safeguarding leadership hub; facilitating engagement; sharing learning; sustainability planning, and supervision and succession planning. • Reviewed and evaluated the 2025/26 NHS Safeguarding Network Work Plan with the Executive Directors of Nursing and the Office of the Chief Nursing Officer.

<p>SO4.5 By 2027, we will have delivered the public health contribution to the national programme for transformation and primary care.</p>	2024-2025
	Quarter 2
	<ul style="list-style-type: none"> Developed and begun implementation of the health inequalities framework for primary and community care in Wales. Scoped and developed a delivery plan for the primary care contribution to addressing and supporting population health improvement, healthcare public health and inequalities. Delivered a series of engagement events to gain insight, encourage and support primary care contractors to take action to tackle the health effects of climate change through participation in the Greener Primary Care Wales Framework and Award Scheme. Reported the analysis of the GMS Contract QI projects for 2023-2024.
	Quarter 3
	<ul style="list-style-type: none"> Provided specialist public health advice, support and contribution made to the wider health and care system with a particular focus on contract reform and system change to embed prevention and reducing inequalities within primary and community care. Refined systems to support planning and commissioning for inclusion health services. Worked with a range of stakeholders and partners to influence the primary health care system, provide leadership and advocacy for support and develop resources to enable primary care to take action against climate change.
Quarter 4	
<ul style="list-style-type: none"> Provided strategic leadership, advice and support across primary and community care, to strengthen monitoring and evaluation activities and outputs to measure progress in the delivery of the Primary Care Model for Wales. Continued support to system partners to develop and improve the suite of once for Wales solutions, resources and support for primary and community care. Including a focus on prevention and reducing inequalities. Increased capacity, capability and skills of the primary and community care workforce across public health priority topic areas, through a range of mechanisms. Influenced policy and provided system leadership and co-ordination across primary care and public health to develop and enhance joint and integrated working to deliver long term effective, high quality and sustainable healthcare and reduce health inequalities. Provided specialist public health input about the use, management and prescribing of medicines in Wales via the All Wales Medicines Strategy Group and associated subgroups. Completed delivery of year three of the Greener Primary Care Framework and Award Scheme. Worked with partners to strengthen progression of primary and community care and the wider system towards the Primary Care Model for Wales. 	
2025-2026	

	<p>Quarter 4</p> <ul style="list-style-type: none"> • Provided system leadership to embed the health inequalities framework and systems that support the planning and commissioning for inclusion health services within primary and community care. • Provided strategic leadership, advice and support across primary and community care, to strengthen monitoring and evaluation activities and outputs to measure progress in the delivery of the Primary Care Model for Wales. • Continued to strengthen the capacity, capability and skill building of the primary and community care workforce across public health priority topics areas, through a range of mechanisms. • Continued support to develop and improve the suite of once for Wales solutions, resources, and support for primary and community care. Including a focus on prevention and reducing inequalities. • Continued work with a range of stakeholders to influence the primary health care system, provide leadership and advocacy for support, and develop resources to enable primary care to take action to tackle the effects of climate change. • Delivered Year 4 of the Greener Primary Care Framework and Award Scheme. <p>2026-2027</p> <ul style="list-style-type: none"> • Reviewed and reported on the engagement, scale and spread of the Greener Primary Care Framework across Wales on increasing the capacity and capability of the primary care workforce to take action to tackle the health effects of climate change.
<p>SO4.6 By 2027, we will have achieved a coordinated approach to prevention and early intervention in primary care settings.</p>	<p>2024-2025</p> <p>Quarter 2</p> <ul style="list-style-type: none"> • Developed 'Supporting Healthy Behaviours' resource for General Dental Services. • Developed an action plan with stakeholders to support implementation and evaluation of the 'Prevention-Based Health and Care' framework for embedding a coordinated approach to prevention in the health and care system. • Continued to support the development of products for the National Framework for Social Prescribing. <p>Quarter 3</p> <ul style="list-style-type: none"> • Developed a strategic approach to CVD prevention as part of expanded activity to address high impact and highly modifiable 'Clinical Risk Factors' • Developed 'Supporting Healthy Behaviours' resource for Community Pharmacy. <p>Quarter 4</p> <ul style="list-style-type: none"> • Commenced implementation of the 'Prevention Based Health & Care' action plan. • Reviewed activity needed to further develop and strengthen implementation of social prescribing in Wales. • Continued to support fidelity to the All Wales Diabetes Prevention Programme (AWDPP) intervention design; equitable access to and uptake of the AWDPP; and completion of the outcome evaluation of the AWDPP.

	<ul style="list-style-type: none"> Developed recommendations for CVD prevention in Wales, framed around Prevention Based Health and Care framework.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Continued implementation of the Prevention Based Health and Care framework to embed prevention in the health and care system. Worked with system partners to scale up and mainstream the AWDPP to achieve full population coverage across Wales, with continued development of the programme in line with findings from the outcome evaluation.
	2026-2027
	<ul style="list-style-type: none"> Evaluated impact of Prevention Based Health and Care two years on.
<p>SO4.7 By 2027, we will have worked with Welsh Government and other system partners to increase prevention through primary dental care and supported implementation of reform of General Dental Services in Wales.</p>	2024-2025
	Quarter 4
	<ul style="list-style-type: none"> Worked with the system partners to provide dental public health leadership, expertise and support to the NHS dental system reform in Wales. Provided dental public health advice and support to Welsh Government, health boards, Health Education and Improvement Wales and other organisations in Wales and beyond. Provided national leadership and oversight of Dental Epidemiology Programme in Wales, including strategic advice and co-ordination.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Continued work with system partners to provide dental public health leadership, expertise and support to the NHS dental system reform in Wales with a focus on prevention.

3.5 Strategic Priority 5 – Delivering excellent public health services to protect the public and maximise population health outcomes

3.5.1 Introduction

Protecting the public from the effects of infections and exposure to environmental harms, such as air pollution, and the delivery of our national screening programmes are core responsibilities for Public Health Wales. Our Civil Contingencies Act Category 1 responder responsibilities require us to work with others to protect the public from major infectious disease and environmental risks through robust emergency planning, preparedness and response action. This includes recognising and acting to mitigate any inequalities which may result from interactions between health protection threats, existing population health status and the wider determinants which can influence health.

Public Health Wales will continue to participate in the CMO Wales led work to strengthen the health protection system in Wales. Specifically this will also include focussed work at both Wales and UK level to learn lessons from the Covid-19 response, implement any recommendations arising from the Covid-19 Public Inquiry and strengthen planning and preparedness for future pandemic response.

We will provide system leadership to further strengthen the Health Protection system in Wales including the multi-agency work to implement any lessons identified from Covid-19 response and Public Inquiry and strengthen arrangements for future pandemic planning at Wales and UK level.

We support the health system across Wales by providing national health protection, laboratory, clinical infectious disease and infection control services. We deliver, monitor and evaluate seven population-based screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. The aims of the programmes are either to reduce incidence of disease (e.g. cervical screening) or improve early diagnosis to reduce the impact of the disease (e.g. breast screening). The screening programmes will work to explore and promptly adopt evidence-based advances in technology to improve offer to the population in Wales and delivery of excellent services.

It is vital in delivering our functions that we can demonstrate excellent service quality and strive for continuous improvements. These may be through new and improved programmes of work or through leading development and deployment of new and innovative tools and technologies, each helping us understand and respond to threats better. In doing this we will support all people to live longer and healthier lives.

Overview – why this is a priority

Protecting the health of the population of Wales from infections and environmental threats is key to achieving a healthier Wales. The Covid-19 pandemic, and its ongoing implications, highlighted the grave threat to health from communicable diseases and

reinforced why health protection and health security will, within the changing realities of an interconnected world, remain a public health priority. It also emphasised the role of health inequalities in modifying and increasing variations in exposure risks and health outcomes across population groups. This is also the case for other health protection risks from vaccine preventable diseases, respiratory and gastro-intestinal infections, blood-borne viruses, sexually transmitted infections, emerging diseases, environmental harms and extreme natural events. Significant global threats, such as antimicrobial resistance where infections become harder to treat with drugs, is one such global threat and we must focus our services on reducing it. Our ability to connect with our global partners to be aware of threats to health as they emerge, and put systems in place to address them, will be important as we work to protect the health of future generations.

Cancer is a leading cause of death both worldwide and in Wales with many cancers being curable if detected early and treated effectively. Cancers can also be preventable. We support primary prevention (e.g. through HPV vaccination). We deliver, monitor, and evaluate three cancer population-based screening programmes which are either primary prevention and reduce incidence of disease such as cervical screening or are secondary prevention with early diagnosis reducing mortality from the diseases such as bowel and breast screening.

Welsh Government has asked Public Health Wales to undertake scoping work and an option appraisal for a targeted lung cancer screening programme for Wales, in line with UK National Screening Committee recommendation, which it has accepted. Targeted screening for lung cancer is recommended for people aged 55 to 74 identified as being at high risk of lung cancer. Evidence shows that screening with low dose computed tomography reduces lung cancer mortality and is acceptable to patients and professionals if adequately resourced and quality assured. Learning from the pilot underway in Cwm Taf Morgannwg University Health Board will inform the planning work and option appraisal for Welsh Government to consider.

How we deliver our services to protect the health of the people of Wales is paramount. The Health and Social Care (Quality and Engagement) (Wales) Act (2020) highlights the Duty of Quality we have to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture, and we believe the provision of our services under this framework will deliver the best outcomes for the people of Wales.

Within the quality framework we want to deliver an unstinting focus on equity so that we can reduce health inequalities and support all people in Wales to lead healthier longer lives. We know that access to services including screening, vaccination, diagnostic and treatment services is not equal for the whole population. Therefore, it is important that we are focussed on equity of opportunity, access and outcomes as a key driver of excellent service quality.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.5.2 What will success look like

By 2035, we will have:

- ❖ Delivered excellent, people centred, population health screening programmes that are improving the health of the population of Wales in an equitable way
- ❖ Developed and adapted population health screening programmes in line with current evidence and explored innovation to improve pathways
- ❖ Fully optimised the bowel screening programme and delivered a sustainable and optimised diabetic eye screening programme
- ❖ Enabled the implementation of new UK National Screening Committee recommendations for population in Wales
- ❖ Experienced fewer health and social care associated infections and only use antimicrobials appropriately
- ❖ Provided clinicians with the evidence they need to increase the speed of diagnosis so patients can be treated in a timely and accurate way. This will be done through the delivery of our 10 step services using world class, modern techniques developed through continuous innovation and improvement
- ❖ Better described communities at increased risk of harm from communicable disease leading to evidence-based interventions to reduce the number of people who become ill or die from a communicable disease and environmental harms
- ❖ Provided system leadership supporting the delivery of excellent immunisation and vaccination programmes, therefore seeing much fewer people with ill health due to vaccine preventable diseases
- ❖ Provided timely information for action to interrupt the transmission and reduce the impact of communicable disease on individuals and healthcare services

3.5.3 Outcomes

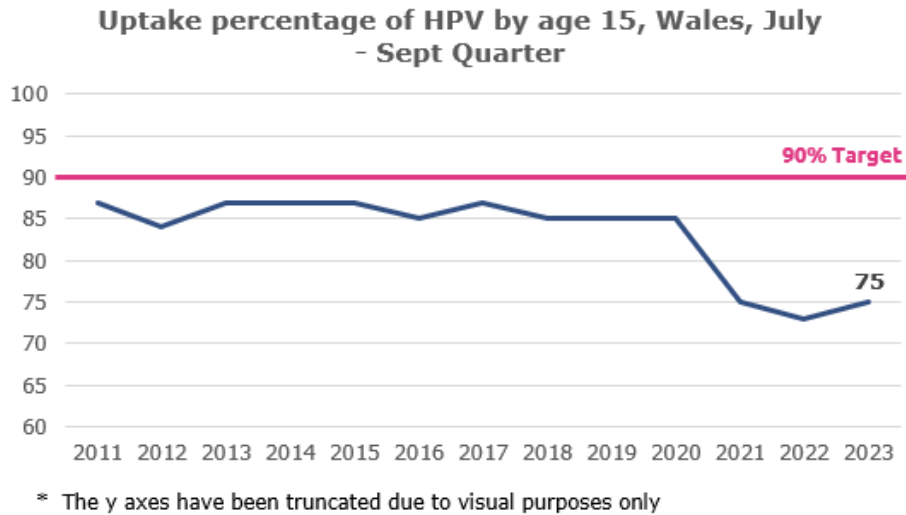
In delivering this priority, we are working towards supporting the system wide outcomes set out below:

Indicator	Earliest date	Earliest	Baseline date	Baseline	Change ¹¹
MMR at age 2	2011 Q3	92.0 %	2023 Q3	93 %	+1 %
HPV by 15	2011 Q3	87.0 %	2023 Q3	75 %	- 14 %

For each, we have provided comparators, where possible, with the earliest available date and current baseline, which has allowed us to identify trends over time:

Figure 22: Uptake percentage of HPV by age 15

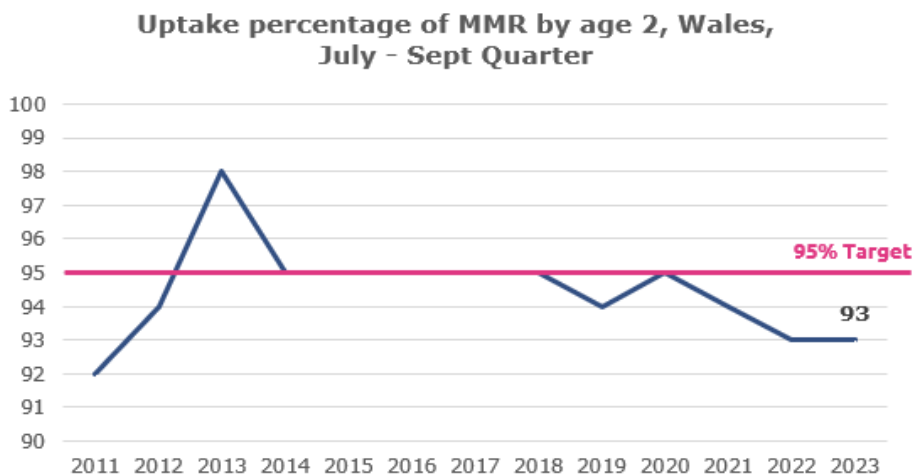
¹¹ Green and red % denote that the change is statistically significant (non-overlapping confidence intervals), however this test was not possible for all indicators.



Increase vaccination rates for all vaccine preventable diseases:

- 90% uptake of HPV by age 15

Figure 23: Uptake percentage of MMR by age 2



Increase vaccination rates for all vaccine preventable diseases:

- 95% uptake of MMR by age 2 based on new schedule

3.5.4 What have we achieved during the last 12 months

The winter of 2023/24 reminded our teams of the significant impact that outbreaks of infectious disease can have on individuals and communities. The large number of cases of Pertussis stretched our services and our health protection teams worked hard with system partners to respond to the threat. Throughout this period proactive work continued including participating in the review and implementation of the Public Health Protection and Health Security framework.

Health Protection has put a greater focus on research capacity within the division whilst still supporting actions outlined in the Measles and Rubella elimination strategy, creating outcome-linked datasets across two disease areas and trailing outbreak and cluster detection capabilities.

Within our Communicable Disease Health Inclusion Programme, the Sexual Health annual report was published in July 2023 providing an overview of the Sexually-Transmitted Infection (STI) testing service. STI testing in Wales is at a 10-year high, the postal service testing facility accounted for at least 50% of all tests for people in Wales, providing an opportunity for STI testing for people who do not want to seek help and advice from their GP or sexual health clinic. This has meant, we have been able to identify cases of STI that would not otherwise have been diagnosed and to offer treatment to control further spread. Further work with our partners has continued with the review the sexual health priority areas 2020-2024 and the roll out activities to highlight the 10th anniversary of Wedinos and the programmes achievements.

Our Vaccine Preventable Disease Programme launched its vaccination communications campaign early in the season to strengthen messages about the importance of vaccination in preparation for the winter season. The team is also working closely with partners to deliver the ambitions of the National Immunisation Framework for Wales, improving our approaches to tackling inequalities in uptake and the provision of expert advice into new governance structures through a transformed vaccine service.

Infection Services have continued to provide testing across Wales, receiving and processing over 1.4m samples. This included increased activity to support the system to recover from the covid pandemic and increased elective activity. During this period, several projects have been delivered including:

- i. National procurement contract for the extension of syndromic rapid molecular testing,
- ii. Replacement contract for the gastrointestinal molecular testing service and
- iii. Contract for specialist centralised CNS testing at the Welsh Specialist Virology Centre.

Training remained a point of focus and energy and the training teams developed a performance management tool for the specialist portfolio students that allows the Infection Service Senior Management Team greater oversight on progress and requirements. While the demand on the service to 'deliver and train' with the same cohort of specialist and senior Biomedical Scientist remains high, there is growing traction and the service will see newly qualified specialist BMS staff increase over the coming 12-18 months as part of our 'Grow our Own' programme.

Antimicrobial resistance is recognised as a significant global threat and Welsh Government reviewed its AMR strategy in advance of the UK-wide national action plan refresh. The Welsh AMR strategy sets out recommendations for the NHS in Wales and the HARP team will play a key role in providing leadership, support and advice to the

system to deliver the targets for Wales. On the ground, our health protection and infection teams have supported the investigation and control of an exceedance of AMR-related bacteraemia in a hospital, providing epidemiological and genomic sequencing support to inform the management of the incident. It is a good example of pro-active and integrated work between our teams.

In November 2023, we completed our review of the All-Wales Communicable Disease Outbreak Control Plan. Led by PHW and involving partners from across the health protection system, including Health Board Directors of Public Health and Local Authority Directors of Public Protection. The plan builds on learning from COVID and helps clarify roles and responsibilities to enable a more timely and co-ordinated response across the system. Integrated in the plan is the introduction of standards for outbreak response, which is a helpful tool for continuous improvement.

In March, the Abdominal Aortic Aneurysm screening programme had fully recovered from the pause implemented during the COVID pandemic. This coincided with the 10-year anniversary of the programme - a service that continues to save lives by detecting asymptomatic aneurysms amenable to early surgery to prevent fatal unexpected rupture. Breast Screening and Diabetic Eye Screening programmes have made significant improvements toward recovery and are reducing the number of people waiting to be screened, in part helped by effective targeting and prioritisation and the opening of a new screening venue at Kimberley House earlier in 2023. The Diabetic Eye Screening Programme have also implemented the low-risk pathway for diabetic eye screening, enabling focus on offering timely appointments to those at greater risk of sight-loss. The symptomatic FIT service for bowel cancer continues to grow along with furthering the reach of the bowel screening programme to all those aged between 51 and 74, enabling us to find cancer at an earlier stage to improve chances of survival.

3.5.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO5.1 By 2027, working closely with our partners, we will have an agreed service model that includes new diagnostic treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation.

SO5.2 By 2027, we will be providing effective and trusted system leadership on a range of designated risks, including HCAI and AMR and vaccine preventable diseases.

SO5.3 By 2027, we will have continuously improved our service to the public and the wider public health system to reduce the health harms associated with environmental hazards and increase the health gains associated with environmental benefits.

SO5.4 By 2027, we will continue to deliver and develop evidence-based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations.

Key Deliverables

Objective	Milestones
<p>SO5.1 By 2027, working closely with our partners, we will have an agreed service model that includes new diagnostic treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation.</p>	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> In collaboration with partners including the Food Safety Agency, Border Control Agency and local authorities, confirmed the service requirements for ports and borders in Wales from our Food, Water and Environment laboratories.
	Quarter 3
	<ul style="list-style-type: none"> Completed a draft service specification for Welsh Specialist Virology Centre, confirming scope and offer, identifying areas of proposed change from current arrangements as necessary. Agreed a set of value-based healthcare performance indicators for an agreed range of syndrome testing pathways e.g. Respiratory, BBV, CNS and Gastrointestinal. Implemented development proposal for future service model for hot lab services. Worked to identify synergies and resilience challenges arising from the PenGU move to Cardiff Edge to improve the efficiency of current service delivery. Development of a roadmap for the evolution of genomics epidemiology capacity within Public Health Wales to deliver new genomics services.
Quarter 4	
<ul style="list-style-type: none"> Worked with partners across the UK to develop evidence for the introduction of a metagenomics service. Reviewed Health Protection and Infection services delivery in the context of new and revised delivery model in order to generate recommendations, opportunities for improvement and streamline processes and workflows. Worked with key partners to support ongoing processes to strengthen the national Health Protection system in Wales which prioritises activities including partners across the UK Health Protection Committee and four Nations Oversight Group. Continued to support Welsh Government in their implementation of the recommendations from the independent external review of the health protection system in Wales. Monitored and delivered progress towards the elimination of six diseases by 2030, with a focus on the establishment of a Health protection led blood-borne viruses elimination oversight group and continued support of established blood-borne viruses, HIV and TB Welsh Government groups. 	

	<ul style="list-style-type: none"> Completed a comprehensive review of Health Protection team services in the context of developing Health Protection service models in the local health board regions to ensure safety, efficiency and formal collaborative working.
	2025-2026
	Quarter 4
<p>SO5.2 By 2027, we will be providing effective and trusted system leadership on a range of designated risks, including HCAI and AMR and vaccine preventable diseases.</p>	<ul style="list-style-type: none"> In partnership with the Infection Services Division, developed and approved a service model that supports repatriation of sexually transmitted infection testing to Public Health Wales.
	2024-2025
	Quarter 4
	<ul style="list-style-type: none"> Development of a new service covering RSV to support vaccine roll-out. Embedded the care home residents identification algorithm into surveillance processes in order to be in a position to routinely report on health protection issues in care homes. In collaboration with Welsh Government, developed an implementation plan in response to New National Action Plan (UK AMR Strategy) 2024 – 2029 incorporating findings and recommendations of Welsh Government AMR review published 14.11.23. Continued engagement with UK IPC leads and worked to establish Memorandum of Understanding (MOU) and development of National Infection Prevention and Control Manual for Wales in collaboration with ARHAI Scotland / UK IPC Strategy Group. Delivered joint Antimicrobial Stewardship Forum and IPC forum. Delivered Surveillance Reports; Surveillance Dashboards and Data to antimicrobial portal. Supported and delivered EAAD / WAAW campaign to improve antimicrobial prescribing. Developed the capacity to store information within the Communicable Disease Surveillance Centre which is linked across datasets for two disease areas, in order to facilitate timely reporting on infections in care home residents which aids a better understanding of risk factors, impacts and outcomes. Developed and embedded systems for routine collection and analysis of patient and stakeholder feedback to drive equitable, effective engagement and deliver excellent public health services. In partnership with the Screening Services Division, supported the development and delivery of a cervical cancer elimination action plan with a focus on improving uptake of the Human papillomavirus virus vaccine amongst the Welsh population. Supported the delivery of the Immunisation framework for Wales and the six priority areas, with a focus on providing national leadership and expertise to improve the utilisation of epidemiological data and increasing vaccine literacy. Continued to work with partners to address the requirements of the Sexual Health Priority Areas 2020-24, with a focus on increasing accessibility through the determination of access pathways and subsequent improvement of public understanding, implementation of sexually transmitted infection and BBV community kit provision with local stakeholders and delivery of the HIV Action Plan.

	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Antimicrobial guidance for primary and secondary care – continued development and review. Reviewed and updated IPC Guidance for NHS Wales.
<p>SO5.3 By 2027, we will have continuously improved our service to the public and the wider public health system to reduce the health harms associated with environmental hazards and increase the health gains associated with environmental benefits.</p>	2024-2025
	Quarter 4
	<ul style="list-style-type: none"> Developed, implemented and embedded new document and record management systems within the Environmental Health Protection team to ensure a robust, efficient and effective management of documents used to enable independent, specialist and contextualised advice and support to partner agencies and the public. Reviewed and evaluated opportunities for the use of field epidemiology in environmental incidents, with recommendations and improvement opportunities used to inform development and implementation within 2025-26.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Improved, developed and implemented processes to monitor harms associated with private water supplies, whilst continuing to identify actions to address long term issues of quality and scarcity.
<p>SO5.4 By 2027, we will continue to deliver and develop evidence-based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations.</p>	2024-2025
	Quarter 2
	<ul style="list-style-type: none"> Implemented non-invasive prenatal testing for Fetal RhD genotype (cffDNA) for rhesus negative women with Welsh Blood Service. Identification of the RhD status of a fetus would remove the need for RhD negative women carrying a RhD negative fetus to have anti-D injections. Undertaken a review of the FIT symptomatic service to ensure the functions and governance meet current guidelines. Audited all screening invitation letters against defined standards – defined areas for improvement in order to reduce inequity in uptake by improving the accessibility of our offer.
	Quarter 3
	<ul style="list-style-type: none"> Extended New Born Hearing Screening Wales (NBHSW) testing using Automated Auditory Brainstorm Response (AABR) methodology to community clinic settings from hospital only provision. Developed and implemented electronic test referrals for Cervical Screening Wales. Redeveloped the Cervical Screening Wales Audit of Cervical Cancers (CSWACC) database to meet needs of Duty of Quality and Duty of Candour. Continued roll out of bowel screening age extension to offer screening to people aged 50 years old. Improve sensitivity of the screening FIT by reducing the cut off.
	Quarter 4

	<ul style="list-style-type: none"> • Worked with DHCW to redevelop or replace the current All Wales Newborn Hearing Screening (AWNBHS) and Newborn Bloodspot Screening Wales (NBSWS) IT systems as a critical enabler to quality improvement and service adaptation. • Implemented new PACS system for Breast Screening and Abdominal Aortic Aneurysm Screening as part of the All-Wales Radiology Informatics System Procurement (RISP) and implementation programme. • Developed a divisional research strategy that enables effective research activity to improve screening programmes and facilitates academic collaboration. • Implemented key deliverables of the Diabetic Eye Screening Wales (DESW) Future Service Model 5-year roadmap: <ul style="list-style-type: none"> ○ Prioritised new roles within DESW's FSM organisation structure ○ DESW Beta (electronic referral form and partial automation of the new registration process) ○ Mid-Wales Team ○ Electronic Results transfer to WCRS/WCP ○ Implementation of an OCP process
2025-2026	
Quarter 1	
	<ul style="list-style-type: none"> • Completed work to implement LIMS2 as part of the All-Wales programme. • Nominated Learning Disability Champions and develop Good Practice guides for use in the programmes to improve access for service users with a learning disability. • Evaluated and analyse mortality rates in the over 65 population prior to 2013 and compared with men who have become eligible for AAA screening since 2013, in line with evaluation undertaken by all of the UK 4 nations.
Quarter 2	
	<ul style="list-style-type: none"> • Designed a detailed recommendations around the implementation of Newborn Bloodspot Screening for Tyrosinemia Type 1 (Wales Screening Committee approval). • Developed the first scoping phase of the National Lung Cancer Screening Programme.
Quarter 4	
	<ul style="list-style-type: none"> • Addressed inequity and enabled all eligible participants to make informed choices about screening by focusing on action in five key areas - communication, collaboration, community and engagement, service delivery, data, and monitoring. A phased equity action plan has been developed to cover these criteria, with milestones developed. • Continued work to scope out potential for self-sampling in Cervical Screening Wales to improve uptake and reduce inequity. Working with IT colleagues to scrutinise DNA data over a rolling 12 month to establish trends.

3.6 Strategic Priority 6 – Tackling the public health effects of climate change

3.6.1 Introduction

Climate change is recognised as the most significant public health threat of the century, endangering physical health, mental health and well-being. It threatens all areas of life that impact our ability to achieve and maintain good health. In October 2021, the World Health Organization declared climate change to be the single biggest health threat facing humanity due to rising global temperatures.

The earth has already warmed by 1.1°C above pre-industrial levels as a result of human activity. Urgent action is needed to limit global temperature rise to 1.5°C to prevent devastating harm to health. Reducing emissions of greenhouse gases through better transport, food and energy-use choices results in improved health, particularly through reduced air pollution.

The impacts of climate change are multifaceted, impacting the social and environmental determinants of health (clean air, food security, safe homes, and access to services). The impacts of climate change are already being felt within Wales, both in terms of physical threats to life through extreme weather events, as well as climate related anxiety. In short, climate change is already adversely impacting the health of people in Wales and will continue to do so well into the future.

3.6.2 Overview – why this is a priority

We know that some communities in Wales are likely to be more adversely impacted by the effects of climate change than others, and some less likely to be able to take action to respond to these effects. For example, lower income households in areas that are prone to flooding, and those living with disabilities and/or chronic conditions and their carers. As such, the effects of climate change are likely to exacerbate existing health inequalities in Wales. Our focus must be on ensuring that efficient and equitable adaptation policies and interventions are in place that help to reduce health inequalities.

We have identified several elements where we have a role in supporting the climate change and sustainability agenda, including developing, understanding and interpreting the evidence to inform action, provide evidence-based interventions, and to provide integrated technical advice to partners. This includes key functions such as policy advice, behavioural change, communication, surveillance, and guidance.

Further detail on the scope of this priority can be found in our [Long Term Strategy](#).

3.6.3 What will success look like

By 2030, we will have:

- ❖ Supported the Welsh Government ambition of achieving a Net Zero NHS Wales

And by 2035, we will have:

- ❖ Worked with our partners to respond and facilitate action on climate adaptation and mitigation.
- ❖ A robust monitoring, research, evaluation and surveillance system that enables us and our partners to prioritise evidence-based action.
- ❖ A workforce aligned to delivering climate sensitive public health across all domains of our practice.

3.6.4 Outcomes

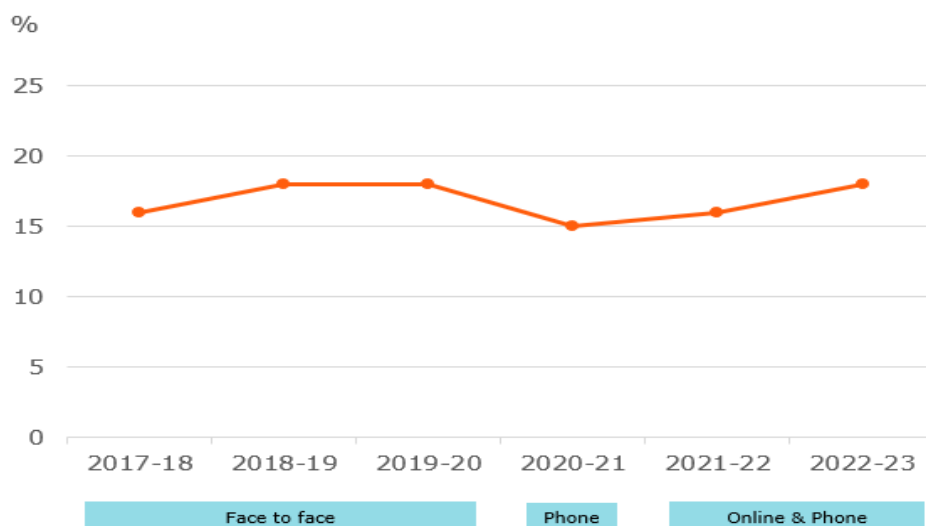
In delivering this priority, we are working towards supporting the system wide outcome set out below:

Indicator	Earliest date	Earliest	Baseline date	Baseline	Change ¹²
Active travel – walking	2017-18	16.0 %	2022-23	18.0 %	+ 13 %

We have provided comparators, where possible, with the earliest available date and current baseline, which has allowed us to identify trends over time:

Figure 24: Percentage of respondents reporting walking at least several times a week for at least 10 minutes for active travel purposes across Wales between 2017-18 to 2022-23, National Survey for Wales

Active travel in the form of walking for at least 10 mins appears to be rising more recently



¹² Green and red % denote that the change is statistically significant (non-overlapping confidence intervals), however this test was not possible for all indicators.

The percentage respondents reporting walking at least several times a week for at least 10 minutes for active travel purposes has increased by 13% across the years albeit the rise is not statistically significant. A slight fall was seen during the pandemic period (2020-21) possibly associated with a 'working from home' requirement at that time.

3.6.5 What have we achieved during the last 12 months

Throughout the past year, our efforts have been focused on refining our understanding of climate change surveillance needs while advancing our approach to research. By leveraging our well-established partnerships IANPHI, WHO, and other prominent public health agencies in the UK, we're supporting the development of a cohesive approach to climate change across the public health landscape. A significant milestone was achieved with the publication of our comprehensive Health Impact Assessment on Climate Change, illuminating key challenges and potential co-benefits specific to Wales. This assessment serves as a guiding beacon for our future prioritisation efforts.

Our engagement in high-profile international events like COP28 has been instrumental in disseminating critical insights to the broader public health community. Furthermore, we've actively fostered climate change literacy and capacity-building within the health and care system in Wales through a series of impactful events and informative webinars. Platforms such as our Time to Talk panel have facilitated direct engagement with the public, providing invaluable insights into public perceptions of climate change within Wales. Exploring the application of behavioural science in effectively communicating the urgency and magnitude of the climate crisis has been a recent focus area.

In tandem with our strategic initiatives, tangible steps have been taken to reduce our carbon footprint. Initiatives such as replacing our AAA screening fleet with hybrid and electric vehicles and enhancing our infrastructure to support active travel signify our commitment to sustainable practices. Embracing circular economy principles, we've undertaken estate rationalisation efforts, including the donation of furniture to charities and waste diversion from landfills. Additionally, we've actively supported the development of best practices for reducing pharmaceutical waste. To further nurture collaboration and innovation, we've inaugurated a new Climate Change Community of Practice, providing a dedicated space for colleagues to exchange insights and ideas, fostering a culture of collective action.

3.6.6 What we will achieve in the next three years

We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives:

SO6.1 - Protect, promote and educate:

By 2027, we will be recognised as an environmentally sustainable organisation. We will safeguard public health by educating and empowering our workforce on climate-related health risks, advocating for healthy environments, and engaging in

outreach efforts. Our goal is to protect communities, promote well-being, and mitigate the impacts of climate change through informed action and collaboration.

SO6.2 - Respond and facilitate action:

By 2027, we will have efficiently responded to emerging challenges by providing evidence-based guidance to policymakers, enhancing preparedness for extreme weather events, and developing multi-disciplinary interventions. Our focus is on facilitating action, ensuring effective responses, and promoting resilience across diverse sectors.

SO6.3 - Monitor and evaluate:

By 2027, we will have a well-established system for monitoring and evaluating climate-related health risks. We will enable cross-cutting research on climate and public health, measuring the benefits of nature-based solutions, and evaluating the health impacts of climate mitigation policies. Our aim is to continuously assess and improve our understanding of climate-health dynamics, inform evidence-based decision-making, and optimise the effectiveness of interventions.

Key Deliverables

Objective	Milestones
<p>SO6.1 - Protect, promote and educate:</p> <p>By 2027, we will be recognised as an environmentally sustainable organisation. We will safeguard public health by educating and empowering our workforce on climate-related health risks, advocating for healthy environments, and engaging in outreach efforts. Our goal is to protect communities, promote well-being, and mitigate the impacts of climate change through informed action and collaboration.</p>	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> Process developed to capture emissions data for all forms of staff business travel (including train, bus, ferry, air, car – single occupancy, car sharing etc).
	Quarter 2
	<ul style="list-style-type: none"> Process established to undertake quarterly review and comparison of data to clarify progress and inform the ongoing development of interim internal targets in-line with NHS Wales Decarbonisation Strategic Delivery Plan targets.
	Quarter 3
	<ul style="list-style-type: none"> Carbon emission footprint for Public Health Wales submitted to NHS Wales Shared Services Partnership (NWSSP) as part of the public sector reporting process. Continued to support the wider system to develop their climate adaptation plans.
	Quarter 4
	<ul style="list-style-type: none"> Public Health Wales decarbonisation website and intranet pages published.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Carbon footprint and foundational economy impacts embedded into early planning of projects, programmes and business cases within Public Health Wales to support decision making. Procured battery-electric vehicle replacements and/or ultra-low emissions vehicles (hybrids) to replace DESW fleet. Development of Public Health Wales Decarbonisation Action Plan 2026-28.
2026-2027	
<ul style="list-style-type: none"> Undertaken a review of existing carbon measurement processes and identify opportunities for improved calculation and automation. 	

<p>SO6.2 - Respond and facilitate action:</p> <p>By 2027, we will have efficiently responded to emerging challenges by providing evidence-based guidance to policymakers, enhancing preparedness for extreme weather events, and developing multi-disciplinary interventions. Our focus is on facilitating action, ensuring effective responses, and promoting resilience across diverse sectors.</p>	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> • Further developed the organisational approach to the climate crisis and sustainability, and implemented the climate change roadmap. • Co-ordinated action and messaging with other UK nations and agencies, across the public health system in Wales. • Produced the Public Health Wales' Biodiversity Report in response to enhanced biodiversity and resilience of ecosystems duty under the Section 6 of the Environment (Wales) Act 2016 (due 2026). • Reviewed arrangements for extreme weather events response and preparedness in collaboration with other partners, in a way that meets the needs of our most vulnerable communities.
<p>SO6.3 - Monitor and evaluate:</p> <p>By 2027, we will have a well-established system for monitoring and evaluating climate-related health risks. We will enable cross-cutting research on climate and public health, measuring the benefits of nature-based solutions, and evaluating the health impacts of climate mitigation policies. Our aim is to continuously assess and improve our understanding of climate-health dynamics, inform evidence-based decision-making, and optimise the effectiveness of interventions.</p>	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> • Created Task & Finish Group to determine priorities for improving surveillance and evidence on environmental hazards and climate risks.
	Quarter 3
	<ul style="list-style-type: none"> • Delivered phase 1 of priorities determined for improving surveillance and evidence on environmental hazards and climate risks. • Fostered collaboration with the wider public health system and academic partners on reducing the health impacts of climate change.
	Quarter 4
<ul style="list-style-type: none"> • Developed a robust and coordinated approach to the surveillance of weather-related health outcomes, using knowledge to inform evidence-based action and effective public health interventions. • Delivered phase 2 of priorities determined for improving surveillance and evidence on environmental hazards and climate risks. 	

3.7 Enabling the successful delivery of our strategy

We will enable and drive the delivery of our Strategic Plan through embracing more agile digitally and data driven approaches. We will focus on delivering maximum impact by building on innovative approaches that work, placing users at the heart of what we do and through an unwavering focus on quality improvement.

Our work to enable the successful delivery of our Strategic Plan falls under the following areas:

- ❖ Developing our organisation to be a great place to work
- ❖ Maximise the use of digital, data and evidence to improve public health
- ❖ Creating the conditions and structures to be an organisation that is continuously improving and learning using data and behavioural science to drive quality, engagement and collaboration
- ❖ Delivering value and improving our performance and delivery

3.7.1 Developing our organisation to be a great place to work

SO7.1 By 2027, we will have a compelling cultural narrative; we will be working how and where it works best; we will have a staff value proposition that embraces flexibility and inclusivity; we will understand and advocate for diversity; and we will attract and recruit so that our people more accurately reflect the communities we serve.

Following broad consultation and an assessment of our current and ideal cultures, we will have developed and articulated a compelling cultural narrative, underpinned by our values and being our best framework. All colleagues will be able to see, and share in their own words, how our Long Term Strategy is supported by, and delivered through, our culture. Following a pilot approach to working where it works best in 2022/23 and based on a clear understanding of where and how our people work best, we will look to take what we have learned and use these insights to shape policies, practices, and ways of working which allow our people to thrive. Our inclusive and consultative approach will have enabled the design of a staff value proposition and employer brand that works for all, reflecting employees' experiences and expectations. We will have developed new processes to support all stages of people's careers and we will support everyone to understand why staff well-being, diversity, and inclusion matters.

SO7.2 By 2027, we will actively plan and manage towards our agreed optimum workforce size and shape aligned to our Long Term Strategy; manage change successfully; have clear approaches to develop or access the skills we need and increased agility, deploying resources where needed, reducing silos and increasing collaboration to support organisational performance.

We will ensure our organisation structure is one of optimal design and will work towards this by applying agreed organisation design principles, which will inform decisions on organisational change. Through our approach to workforce planning, we will have established what needs are being met, where they are not and will be able to accurately articulate what the gap is. We will have clear plans in place to identify how those gaps will be closed, thereby enabling the development of solutions and interventions required. We will have strengthened our internal talent pools through the development of career pathways, and succession plans, along with the introduction of targeted solutions.

SO7.3 By 2027, we will have policies, processes, and supporting services which drive and enable high performance through managers; key people metrics will inform planning, decision-making and team management.

We will ensure that our policies, processes and supporting services enable our workforce to deliver on their commitments in an efficient and effective manner. We will use key people metrics and user experience to shape our approach to process improvement across all aspects of the employee life cycle and will seek to strip out any unnecessary bureaucracy related to People and Organisational Development process and procedure.

Key Deliverables

Objective	Milestones
<p>SO7.1 By 2027, we will have a compelling cultural narrative; we will be working how and where it works best; we will have a staff value proposition that embraces flexibility and inclusivity; we will understand and advocate for diversity; and we will attract and recruit so that our people more accurately reflect the communities we serve.</p>	2024-2025
	Quarter 3
	<ul style="list-style-type: none"> Developed a strategic approach to staff engagement which responds to the results of the 2023 employee survey, medical engagement survey, culture assessment, staff value proposition and other inputs and an action plan for how this will be delivered.
	Quarter 4
	<ul style="list-style-type: none"> Identified measures to track progress against the actions agreed to close the gap between current and ideal culture and increase employee engagement and create a dashboard to provide insight and assurance. Published an updated People Strategy.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Developed and implemented a systemic programme of work which will increase leadership and management skills, capacity and confidence including formal learning.
<p>SO7.2 By 2027, we will actively plan and manage towards our agreed optimum workforce size and shape aligned to our Long Term Strategy; manage change successfully; have clear approaches to develop or access the skills we need and increased agility, deploying resources where needed, reducing silos and increasing collaboration to support organisational performance.</p>	2026-2027
	<ul style="list-style-type: none"> Reassessed organisational culture and progress towards achieving ideal culture using the Organisational Culture Inventory (OCI).
	2024-2025
	Quarter 2
	<ul style="list-style-type: none"> Established a clear vision outlining the function of job families within Public Health Wales.
	Quarter 4
	<ul style="list-style-type: none"> Established a workforce planning process and framework including clear roles and responsibilities.
	2025-2026
Quarter 1	
<ul style="list-style-type: none"> Established a clear vision and unified organisational approach to succession planning and talent management. 	
Quarter 2	

	<ul style="list-style-type: none"> Implemented the vision for Job Families within Public Health Wales.
	Quarter 3
	<ul style="list-style-type: none"> Scoped, commissioned and initiated prioritised interventions to address identified workforce related risks to support the delivery our Long Term Strategy. Integrated agreed approach to succession planning and talent management into our organisational framework and practices.
	2026-2027
	<ul style="list-style-type: none"> Evaluated workforce planning related interventions and used findings to refine and optimise continued alignment to the Long Term Strategy.
<p>SO7.3 By 2027, we will have policies, processes, and supporting services which drive and enable high performance through managers; key people metrics will inform planning, decision-making and team management.</p>	2024-2025
	Quarter 3
	<ul style="list-style-type: none"> Developed a prioritised plan for process and business improvements to meet service user needs and enhance People and Organisational Development service delivery.
	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Implemented a programme of work to support continued process and business improvement to meet service user needs and enhance People and Organisational Development service delivery.
	2026-2027
	<ul style="list-style-type: none"> Continued implementation of work to support process and business improvement to meet service user needs and enhance People and Organisational Development service delivery.

3.7.2 Maximise the use of digital, data and evidence to improve public health

SO7.4 By 2027, we will provide the data, analysis, research and evaluation evidence to improve the health and well-being of Wales and support inequality challenges.

The NHS in Wales does not systematically collect the necessary data to ensure that services are delivered equitably and improve outcomes in all populations. We cannot effectively monitor health inequalities or service user complaints, and our ability to build on the evidence base on what works to reduce health inequalities is weak. We will determine any gaps in evidence on what works to improve health and reduce inequity through our Evidence Service. Then, in collaboration with our Research and Evaluation Division, develop and implement a research and evaluation programme focused on the priorities for evidence needs of government and users. These include:

- ❖ working with Welsh Government to monitor and evaluate the impact of key public health policy action on health, including, Healthy Weight, Healthy Wales, and Tobacco Control.
- ❖ evaluating the All-Wales Diabetes Prevention Programme.
- ❖ research and evaluation supporting the refreshed mental health strategy.
- ❖ working with Welsh Government and local authorities to improve the evidence base and understanding of the evidence key public health policies.

We will continue to monitor the impacts of the pandemic, and other stresses on health such as the cost-of-living crisis, obesity and climate change, across all aspects of population health. We will support the development of research within Public Health Wales aligned to our strengths, and continue to influence the wider research landscape and funders to address evidence gaps in priority areas for health in Wales. We will seek to influence the wider research agenda to advise on addressing any requirements outside of our current remit.

We will continue the development of a dashboard that enables right-time monitoring of Covid-19, other respiratory and communicable diseases, health-harming behaviours, well-being, the impacts on the burden of disease on other groups e.g. cancer, and equality. This will move us closer to real-time monitoring of public health threats. We will:

- ❖ Ensure that our data is linked with the 2021 Census as soon as possible after the availability of the Census results and systematically analyse all aspects of health and equality covering – protected characteristics, employment, and socio-economic status.
- ❖ Work with Digital Health and Care Wales (DHCW) and NHS leaders to put in the systematic processes to ensure data to monitor uptake, outcomes and equality are routinely collected and available for analysis across the NHS in Wales.
- ❖ Systematically review and improve the use of equality and diversity information across all our outputs.

- ❖ Ensure that all our data collections systematically and securely collect equality information, standardised where appropriate on the 2021 Census definitions.

We will increase our focus on evaluation as we seek to apply and develop methodologies which maximise the use of data, qualitative and economic insights to better understand what interventions have the greatest impact on health outcomes, especially for populations at greater risk. We will empower research leaders to deliver research excellence within the organisation and in partnership with others; focused on addressing gaps in knowledge in line with public health priorities and supported by an integrated, efficient, and effective governance model.

SO7.5 By 2027, we will seek to improve our delivery of modern and accessible digital services, centred around user needs to improve the health and well-being of the people of Wales.

We will support the system to improve population health and reduce inequalities in Wales, we require an inter-connected system of data, insight and applications that enable right-time information to be accessible and actionable for our users. We will seek to maximise the opportunities available to us by improving our existing data assets, bringing them together to better harness health insights and simultaneously innovate with new technologies harvesting novel data such as from sensors and wearable technology to deliver professional data science to drive frontline delivery. We will explore the use of third-party datasets to enhance our understanding of health-related behaviours.

We will be working collaboratively with DHCW on the National Data Resource (NDR). As part of this, we will look at how the NDR can be used to develop a routemap for rationalised data storage, efficient data linking (where safe, secure, legal and ethical to do so) and analysis to provide a more streamlined and efficient data estate supported by a smaller set of strategic analytical tools. We will utilise our data science capabilities, including predictive analytics. This will give us the opportunity to share with public health professionals more real-time and precise high quality actionable information on who to target within a whole-population preventative and a sustainable approach.

Over the past two years we have undertaken a series of discovery projects into our key digital areas covering screening, health protection, registers and our web estate. These discoveries are enabling us to look at how we move away from a single IT system per programme into how we ensure we have the right functionality built from or using common functionality. Through this we will work with:

- ❖ DHCW to establish how their national infrastructure can support Public Health Wales digital ambitions, through the NHS Wales App and other developments.
- ❖ Welsh Government to establish the appropriate funding to take forward the results of the Health Protection discovery and to ensure we can modernise our screening systems focusing on breast and bowel cancer over the period of this Strategic Plan.

We will increase our impact by improving our understanding of our audiences, focusing on user evaluation and service design. By utilising user personas this will enable us to deliver products and evidence that will be of highest impact. We will monitor our success through the implementation of a systematic approach to monitoring impact.

Key Deliverables

Objective	Milestones
<p>SO7.4 By 2027, we will provide the data, analysis, research and evaluation evidence to improve the health and well-being of Wales and support inequality challenges.</p>	2024-2025
	Quarter 2
	<ul style="list-style-type: none"> Developed our system of impact monitoring and rationalise the tools needed to deliver outcome and performance monitoring. Have developed the data job family competency framework, job descriptions and career pathways, aligned to the appropriate frameworks, recognised outside the health sector, and embed this in Public Health Wales. Implemented new cancer data flows from the Welsh clinical portal eForms. Public Health Wales SAIL (Secure Anonymised Information Linkage) feasibility Hwb established.
	Quarter 3
	<ul style="list-style-type: none"> Embedded Specialist Evaluation function and evaluation knowledge and skills in line with best practice, to capture robust evidence of impact of organisational programmes on health and equity outcomes. Whole system understanding and response to children and young people mental health and wellbeing informed by linked data research programme. Published our work on cancer and ethnicity and look at creating a sustainable model for analysis of inequalities.
	Quarter 4
	<ul style="list-style-type: none"> Evaluation of Public Health Wales Diabetes Prevention Programme completed. Continued our commitment to the Health and Care Research Wales (HCRW) Evidence Centre Collaboration. To have agreed a strategic approach to our use of cloud technology and have agreed a strategic approach to analytical data storage, processing and the toolset for analysis.
	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> Have scoped options for new sources of cancer data to support efficient Rapid Cancer Diagnostic Dataset (RCDD) and Population Based Cancer Registration/Registry (PBCR) and their analysis, according to user-demanded variables - e.g. Systemic Anti-Cancer Therapy (SACT) and genomics data delivery.
Quarter 4	
<ul style="list-style-type: none"> Established effective strategic collaborations with academia and other sectors to support development and delivery of public health research, responsive to organisational research and evaluation priorities. 	

	<ul style="list-style-type: none"> • Implemented and reviewed evaluation programme cutting across our public health initiatives and functions to support continuous learning and improvement. • Have scoped the development of a new and routine post-Canisc rapid cancer diagnosis dataset Rapid Cancer Diagnostic Dataset (RCDD2). • Provided an annual impact assessment report to show improvements in the reported impacts and reach of our knowledge and data products.
<p>SO7.5 By 2027, we will seek to improve our delivery of modern and accessible digital services, centred around user needs to improve the health and well-being of the people of Wales.</p>	2026-2027
	<ul style="list-style-type: none"> • Explored new research data assets and methods (e.g. digital footprint data, deep learning models) to support evidence and knowledge gaps. • Completed an evaluation of a Public Health Wales major programme determined by the priority of the organisation. • To have migrated to a strategic platform for analytical data processing and a strategic toolset for use analysing our data and have trained staff in use of the strategic toolset. • Continued to develop our approach to the Time To Talk Public Health panel through public engagement and collaboration with our partners to accelerate understanding of public views to inform public health strategic priorities and policy.
	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> • Be using GitHub to publish and collaborate on methods and code. • Created an integrated plan for taking forward the recommendations from data strategy and ensuring appropriate funding is in place to develop these.
Quarter 2	
<ul style="list-style-type: none"> • Have completed the initial development of a user led Primary Care Cluster population health dashboard, linked to primary care public health information and support, which will support a range of users and inform planning conditions and be our flagship local area output. • Have new data sources for registers e.g. prison data for Real Time Suspected Suicide Surveillance (RTSSS), Wales Maternity and Neonatal Network (WMNN) for Child Death Review Programme CDRP and have identified potential sources of data for occupation for RTSSS, ethnicity for CDRP and RTSSS • Implemented the Tarian Reporting Server for improved resilience and data management. • Have developed a pipeline of automation work for the organisation. 	
Quarter 3	
<ul style="list-style-type: none"> • Improved the user experience of our directorate webpages. Users will be able to find information easier, the information will meet their needs and needs of the full range of relevant personas. We will have created mechanisms to obtain feedback on the content, presentation and findability of our published material. • Have increased our capacity for automation using standard tools (e.g. Power BI, Power Automate). • Have developed policy on the use of AI that is easy to understand and used across the organisation. 	

	<ul style="list-style-type: none"> • Implemented Radiology Informatics System Procurement firewalls. • Contributed to ensuring that all strategic objectives have impact monitoring indicators regularly updated and presented to the organisational executive and board teams.
	Quarter 4
	<ul style="list-style-type: none"> • Development of a Digital Blueprint for Public Health Genomics. • Ensured that publications standards are consistently used across the organisation. • Supported the diabetes programme by providing the right MI, analysis, tools and evaluation to support implementation and provide a sustainable ongoing solution for updating prevalence of disease including a special publication on children. • Took forward the results from the registers discovery subject to resourcing and exploiting central infrastructure where possible including the National Data Resource. • Blocked unauthorised NHS Wales traffic on Firewall Edges. • DHCW Internet Firewall Rules Remediation. • Implemented CQ2 firewalls. • Adopted data standards across Public Health Wales to enable digital services, technology stacks and data products to connect in a sustainable and manageable way. • Through research and evaluation captured the impact of digital innovation on health outcomes for the population of Wales. • To have delivered a re-platform of Newborn screening system and have delivered our components of RISP and have secured funding for the next stages of our digital route map covering health protection and breast screening. We will also understand the future of the ICNet system.
	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> • Have a formalised Adult Rare Diseases Register. • Developed disease prevalence and risk factor scenario modelling data products, and the publications will be part of an improved website approach for Public Health Wales data publications. • Have completed the development and moved into business as usual the Primary Care Cluster population health product, linked to primary care public health information and support, as our flagship small area data product, to meet a range of user needs, including informing planning decisions.
	Quarter 2
	<ul style="list-style-type: none"> • We will have ensured that new data and digital systems are secure by design with security built into our road maps. • Scoped integration of our digital systems to engage with public via the NHS Wales App.
	Quarter 3
	<ul style="list-style-type: none"> • Linked data research programme addressing evidence gaps to inform policy and practice action - commitment within the Networked Data Lab Wales.

	<p>Quarter 4</p> <ul style="list-style-type: none"> • We will have ensured that we have appropriate cyber security accreditation and assurance. • Worked with others to ensure that public health recommendations, interventions and initiatives are supported by a good evidence base. • Worked towards developing backend/data systems that can underpin multiple outputs as required by our users. • We will have a catalogue of all our data sources with defined standards that are met. • Be using generative AI effectively and safely to improve processes. • Created a roadmap for our Screening digital systems. <p>2026-2027</p> <ul style="list-style-type: none"> • Have developed and delivered more modelling tools including: scenario modelling, screening demand, modelling impact of interventions. • Be using integrated data (health, non-health) to develop tools to inform surveillance, analytics, policy evaluation. • Have enhanced our capability in creating projections for diseases and conditions to: <ul style="list-style-type: none"> a. Assist with NHS planning. b. Make the case for system and policy interventions to change course where appropriate. All the while ensuring that the limitations of projections are understood by users. • We will publish concisely, in a web-native language by default, using nationally accepted open standards like HTML5, unless there is a need to provide alternatives to improve accessibility for users or meet legal requirements. We will have created standardised guidance for our HTML reporting. We will ensure that our outputs look consistent and recognisable across the organisation. • Ensured that equalities data and analysis is included in every Public Health Wales publication, where the data exists. • We will have a mature user-centred design approach for the organisation that meets user needs and service standards. We will have created guidance that meets established Welsh practice. • We will have a strategic architecture for our infrastructure, systems and data, and an architectural team. • Our systems will be linked by Application Programming Interface (API's) and not hard code. The APIs will be well catalogued and documented. • Established a Digital, Data and Technology Profession Capability Framework. • Subject to funding, to have delivered an MVP of a new Health Protection system and breast screening system and completed the actions in our cyber security plan. • Subject to funding, to have delivered an MVP for bowel screening system. • Have service level agreements in place for all of our services, so our users know what they can expect and when.
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3.7.3 Creating the conditions and structures to be an organisation that is continuously improving and learning using data and behavioural science to drive quality, engagement and collaboration

SO7.6 By 2027, we will further embed the principles of Integrated Governance to bring coherence, consistency and simplicity to how we govern, and provide robust assurance to our Board and its Committees.

We will ensure the principles of Integrated Governance enable the organisation through a renewed focus on quality, decision-making, delegation of authority and ensuring that Integrated Governance is positioned as an integral component of our approach to quality management and assurance. Central to this work will be an emphasis on effective risk architecture, developing an organisational view of risk and risk appetite at all levels. In addition, we will complete the work of the Records Management project, embedding policies and procedures, training, and the creation and publishing of effective tools and techniques to deliver effective and safe management of records.

SO7.7 By 2027, we will have implemented the Duty of Quality and embedded the Duty of Candour, creating the conditions for continuous learning and improvement to enable excellent public health services.

Our Approach to Engagement will drive forward a consistent approach for equitable, effective public engagement, ensuring the voice of the people we work with and for is at the heart of what we do and how we do it.

We will implement, deliver and monitor the Duty of Quality and Duty of Candour regulations, ensuring individual and organisational responsibilities are met and a robust framework for learning from the Duties are embedded. We will deliver and continually mature our Clinical Governance and Clinical Supervision Frameworks for Public Health Wales, achieving alignment with our approach to quality.

We will strengthen our approach to Quality through our maturing quality management system, and the development of a robust quality impact assessment. The work and reach of the Improvement and Innovation Hub will be strengthened through investment in the team, and enhancing the improvement offer and capability for our people.

SO7.8 By 2027, we will have raised the profile and professional impact of our Nursing and Midwifery Council and Health and Care Professions Council registrants, strengthening the NHS retention workstream.

We will implement and deliver the Career Frameworks, focusing on identified engagement priorities to maximise our people's contribution to Public Health Wales'

work. This will include actions to support and deliver outcomes and improvement aligned to the CNO priorities and the Executive Nurse Director and Director of AHP and Health Care Scientist Peer Group priorities.

SO7.9 By 2027, international health and research partnerships and learning across the organisation and NHS Wales will be strengthened to help improve well-being and health equity nationally and globally.

We will continue to strengthen our international partnerships, collaboration and joint working, contributing to the Global Health Agenda through expertise, evidence and dialogue. We will strive to maximise our contribution to 'A Globally Responsible, Healthier, Prosperous and More Equal Wales', as well as promote the five ways of working, by advocating for international partnership, learning and sharing of best practice, establishing a community of practice to help improve well-being and health equity nationally and globally. We will work across the organisation and with our partners to support the delivery of the Public Health Wales International Health Strategy and maximise the impact of the International Health Coordination Centre (IHCC) across the NHS, developing and sharing opportunities, tools and resources, such as the Global Citizenship modules, toolkits, internships, study visits and others.

SO7.10 By 2027, we will have increased the routine application of behavioural science in policy and practice, to optimise impact on health and well-being. protection and improvement of health, to reduce inequity

Recognising the increasing impact that the application of behavioural science can have, our Behavioural Science Unit will continue to build specialist expertise, wider capabilities, and enable activity in this field, to improve health and well-being.

Key Deliverables

Objective	Milestones
<p>SO7.6 By 2027, we will further embed the principles of Integrated Governance to bring coherence, consistency and simplicity to how we govern, and provide robust assurance to our Board and its Committees.</p>	2024-2025
	Quarter 4
	<ul style="list-style-type: none"> Delivered Year Three of the Integrated Governance Implementation Plan by March 2025 in synergy with the implementation of the Duty of Quality, with a renewed focus on assurance, decision-making, delegation of authority and reporting. Implemented Year One of a revised Information Governance Development Plan (in light of new Senior Information Risk Owner and revised approach) by March 2025, with a focus on delivering improved training for our staff, developing a more holistic approach to Information Governance and security. We will work in a matrix fashion under the leadership of the Senior Information Risk Owner to develop improved information governance processes. Delivered Year Three of the Risk Management Development Plan a by March 2025. With Leadership Team ownership we will focus on mandating Datix to record all organisational risks and management and oversight of both the corporate risk register and operational risk architecture (e.g. Directorate, Divisional, Programme / Project level risks). Implemented Year Two of the corporate approach to records management by March 2025, ensuring SharePoint is embedded throughout the organisation with a focus on the completion of internal training, a risk-based approach to the migration of records, and developing and delivering effective records management tools and techniques.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Working in partnership with our managers and staff, we will embed Integrated Governance into all that we do by providing appropriate resources that aim to streamline how people interact with organisational processes and procedures. Embedded the corporate approach to Records Management as 'business as usual' with a focus on developing and implementing audit processes to provide assurance that the approach has delivered its intended benefits. Using the work embedded in 2024/25, conducted a review to ensure that Risk Management is a fundamental and integral part of our decision-making, and ensuring learning and improvements are implemented. Delivered Year Two of the Information Governance Development Plan by March 2026, with a focus on delivering improved training for our staff, developing a more holistic approach to Information Governance and security.

	<p>2026-2027</p> <ul style="list-style-type: none"> • Conducted an evaluation of the implementation of Integrated Governance across the organisation, including embedding learning and generating areas for improvement. • Implemented the learning and improvement generated through the Records Management Project through audit processes and work commenced on legacy migration and archiving. Maintaining an efficient and effective records management system. • Delivered Year Three of the Information Governance Development Plan by March 2027, with a focus on delivering improved training for our staff, developing a more holistic approach to Information Governance and security. This will encompass learning from incidents to build on future planning.
<p>SO7.7 By 2027, we will have implemented the Duty of Quality and embedded the Duty of Candour, creating the conditions for continuous learning and improvement to enable excellent public health services.</p>	<p>2024-2025</p>
	<p>Quarter 2</p>
	<ul style="list-style-type: none"> • Refreshed the Infection Prevention and Control monitoring and audit schedule, including the development of a co-ordinated approach to the reporting of cleaning and environmental audits and remedial actions to the Infection Prevention and Control Group in order to monitor compliance and provide assurance and improve standards of infection prevention, and control. • Continued delivery of an evidenced and robust system of learning in respect of the Duty of Candour; monitoring and reporting against the Duty of Candour Regulations with an emphasis on the development of mechanisms to share learning and continual review processes. • Established a cross organisational Clinical Governance / Quality Oversight Group and relevant sub groups to deliver the Clinical Governance Framework and Duty of Quality reporting, compliance and assurance. • Developed an agreed methodology for Quality Impact Assessments (QIA) to ensure that there is a consistent approach across the organisation to assess the impact on quality of any proposed changes to service provision, and policy change. • Strengthened the capacity within the I&I Hub to enhance the scope and reach of our improvement work.
	<p>Quarter 3</p>
<ul style="list-style-type: none"> • Utilised the Duty of Quality Standards to operationalise and embed the Clinical Governance Framework within clinical public health services, demonstrating the Standards comply with legislative requirements. • Designed and implemented a bespoke offer of enhanced quality management training by the Improvement and Innovation Hub to accompany the mandatory Duty of Quality training for all staff linked to Quality as an Organisational Strategy. 	
<p>Quarter 4</p>	
<ul style="list-style-type: none"> • Delivered support for Tier One, Two and Three improvement projects according to the Improvement and Innovation Hub's support framework. • Aligned the quality infrastructure to the Quality Standards to enable all strategic decision-making and reporting arrangements meet the Duty of Quality. 	

	<ul style="list-style-type: none"> • Delivered Year One of the refreshed Civica Implementation Plan with a focus on embedding a consistent approach to survey development across all Directorates to capture user experience. • Established what is required organisationally from a refreshed Our Approach to Engagement, through proactive involvement of all directorates and staff. • Based on the National Framework for Experience, develop a Public Health Wales Service User Experience Framework informed by data generated through Civica and engagement activity. This Framework will set an approach for capturing user experience in a consistent way. • Delivered up to four innovation challenges based on organisational priorities via the SimplyDo ideation platform. • Evaluated the recent introduction of Quality Impact Assessment (QIA) methodology. • Used learning from the strengthened I&I workplan and Hub to inform and support the improvement offer and milestones for IMTP for 25/26.
2025-2026	
Quarter 3	
	<ul style="list-style-type: none"> • Embedded and monitored the cross organisational Clinical Governance / Quality Oversight Group and relevant subgroups to support the Clinical Governance Framework. • Monitored the effectiveness of the Infection, Prevention and Control audit schedule and oversight of the coordinated approach to the reporting of cleaning and environmental audits and remedial actions to the Infection Prevention and Control Group to monitor compliance and provide assurance. • Embedded the quality infrastructure underpinning the Quality Standards to enable all strategic decision-making and reporting arrangements meet the Duty of Quality. • Used the expertise contained within the Improvement and Innovation Hub, supported PHW to ensure the Duty of Quality needs are met through continuous learning and improvement.
Quarter 4	
	<ul style="list-style-type: none"> • Monitored and evaluated the bespoke offer of enhanced quality training implemented by the Improvement and Innovation Hub in 2024/25 supplementing the mandatory Duty of Quality training for all staff. • Developed the Postgraduate Education Centre. • E-job Planning implementation. • Continued to report against the Duty of Quality Standards across the organisation. • Embedded and monitored Our Approach to Engagement and the Service User Experience Framework developed in 2024/25. • Designed and implemented a training package on improving quality through data. • Evaluated the workplan of the I&I Hub in terms of sustainable improvement across the organisation, and impact.
2026-2027	

	<ul style="list-style-type: none"> • Conducted an evaluation of how risk is managed across the organisation, maintaining an efficient and effective risk management system. • Evaluated the implementation and reporting of the methods used to report against the Duty of Quality Standards since the implementation of the new Standards. • Evaluated the implementation of the cross organisational Clinical Governance / Quality Oversight Group and relevant sub groups against the requirements of the Clinical Governance Framework. • Evaluated Our Approach to Engagement and the Service User Experience Framework developed in 2024/25 and use this to inform future work and planning. • Evaluated the quality infrastructure underpinning the Quality Standards to enable all strategic decision-making and reporting arrangements meet the Duty of Quality.
<p>SO7.8 By 2027, we will have raised the profile and professional impact of our Nursing and Midwifery Council and Health and Care Professions Council registrants, strengthening the NHS retention workstream.</p>	2024-2025
	Quarter 3
	<ul style="list-style-type: none"> • Development of a training plan for enhancing genomics skills across our workforce.
	Quarter 4
	<ul style="list-style-type: none"> • Delivered a programme of work to embed the newly developed Clinical Supervision and Career Framework to help inform career discussions and development for health professionals regulated by the Health and Care Professions Council, the National Midwifery Council, including Health Care support workers. • Delivered the first year of the Public Health Wales retention work within the HEIW programme. • Monitored the uptake of Clinical Supervision across nursing and AHP workforce following the introduction of the Clinical Supervision Framework in 2024/25. • Monitored the uptake of the use of the Career Framework across nursing and health and care professional staff following the introduction in 2024/25.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> • Delivered the second year of the Public Health Wales retention work within the HEIW programme.
<p>SO7.9 By 2027, international health and research partnerships and learning across the organisation and NHS Wales will be strengthened to help improve well-being and health equity nationally and globally.</p>	2024-2025
	Quarter 4
	<ul style="list-style-type: none"> • Enabled and supported our Long Term Strategy into practice via international health discussions, events and webinars to enhance the value of international health partnerships across the NHS in Wales.
2026-2027	

	<ul style="list-style-type: none"> • Fostered sustainable international health partnerships across Public Health Wales and NHS Wales evaluating progress, sharing learning and best practice, and scaling up value and impact to support the system in Wales • A Futures approach will be embedded across the organisation to help tackle long term health equity issues and build capability and capacity for long term thinking, including international horizon scanning.
<p>SO7.10 By 2027, we will have increased the routine application of behavioural science in policy and practice, to optimise impact on health and well-being, protection and improvement of health, to reduce inequity.</p>	2024-2025
	Quarter 3
	<ul style="list-style-type: none"> • Identified and described the utility of, and priority mechanisms to, apply behavioural science to tackle health inequities in Wales
	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> • Developed a programme to deploy and test behavioural science and design to optimise service user direct communications.
	Quarter 2
	<ul style="list-style-type: none"> • Developed a multi-level capability development programme to increase the routine application of behavioural science.
2026-2027	
<ul style="list-style-type: none"> • Undertaken a strategic review of the application of behavioural science for better health, against the WHO Action Framework, and developed recommendations to ensure continuous improvement. 	

3.7.4 Delivering value and improving our performance and delivery

SO7.11 By 2027, we will be effectively implementing our Long Term Strategy, strategically communicating our priorities to our key stakeholders, and ensuring our staff understand their role in the successful delivery of our plans.

We will continue to deliver our strategy, including developing and publishing 2025 roadmaps for each of our strategic priorities. As part of this work, we will develop our approach to horizon scanning of future opportunities or challenges, to effectively manage change and provide insights on our progress to maximise value and ensure the successful delivery of our strategy. We will proactively tell our story to our staff, making sure staff understand the organisation's strategy and specifically, helps staff to know how they contribute to the organisation's success. By doing this, staff will feel valued, respected and recognised and we will be empowering our staff to do their jobs to the standard of quality expected. We will also focus on our external audiences, helping stakeholders, policy makers, the press and the public to understand the role that we play in achieving a healthier Wales.

SO7.12 By 2027, we will be providing the organisation with environmentally sustainable physical and digital infrastructure to effectively and safely operate.

We will ensure we have an estate that supports the wide variety of services and functions we deliver and supports changes to our culture as we adopt new ways of working, making better use of technological solutions to improve how we operate and to enable the organisation to maximise the use of its estate. We will deliver our Digital and Data Strategy that sets out our ambitions for digital services and data architecture. To support the security and resilience of the organisation, we will deliver our Cyber Action Plan, ensuring that we adhere to the Cyber Assessment Framework actions. In addition, we will scope the delivery of digital services for new programmes and initiatives, as well as support and maintain established systems and infrastructure.

SO7.13 By 2027, we will be able to demonstrate our value and impact with enhanced financial and performance reporting and management across the organisation, in order to deliver our Long Term Strategy.

We will ensure we commence the period with a budget strategy and financial plan that delivers a financial break-even position. Robust monitoring of the in-year position will ensure that risks and opportunities are managed appropriately. We will continue to strengthen our approach to performance management and value. This approach includes a strong focus on value and outcomes in defining, reporting and managing performance across the organisation. The plan builds on progress we have made to date and will ensure we improve existing business intelligence products to meet our stakeholder needs. In addition, we will build on our enabler approach to value and impact working closely with others to embed going forward.

Key Deliverables

Objective	Milestones
<p>SO7.11 By 2027, we will be effectively implementing our Long Term Strategy, strategically communicating our priorities to our key stakeholders, and ensuring our staff understand their role in the successful delivery of our plans.</p>	2024-2025
	Quarter 1
	<ul style="list-style-type: none"> Developed a vaccination communications strategy for 2024-25 that is agreed and delivered across Vaccine Programme Wales. PMO resources mobilised to deliver agreed change programmes. Implementation of strategic partnership arrangements commenced (phase 1). Pilot Tier 1 Programme Dashboard developed for DESW.
	Quarter 2
	<ul style="list-style-type: none"> Developed internal comms approach for HPSS to improve internal communications and engagement. Launched private BETA improved web site, as part of phase 2 improvement plan for the main Public Health Wales website. Internal planning system improvements identified through Quality as an Organisational Strategy systems mapping. 2035 Priority Roadmaps and outcomes developed and published in phased approach. Developed Strategic, evidence-based, cross-organisational plan for public campaign areas.
Quarter 3	
<ul style="list-style-type: none"> Delivered Staff Conference 2024. Developed a refreshed communications strategy for 2025-2028 that supports long-term strategic priorities and develops a corporate communications and stakeholder engagement plan to increase visibility and advocacy of our work, including engagement with Senedd and Westminster. Integrated Internal Planning Guidance to support our strategic planning round for 24/25 published. Mid-year strategic plan 2024-27 assessment and review undertaken in line with delivery and finance projections. On-boarding of phase 2 strategic partnerships undertaken. Completed an assessment of Portfolio Management Processes and developed an implementation maturity matrix (multi-year development plan). Developed Planning Insight dashboards for Public Health Wales Planning community to highlight issues and monitor progress towards delivery of the IMTP. 	
Quarter 4	

	<ul style="list-style-type: none"> • Implemented findings of Screening Brand research from Q4 2023-24. • Implemented Year 1 of three-year Diabetes Communication and Engagement Strategy. • Delivered annual cycle of activity set out in the Communications Engagement Plan (approved May 2023), including leadership forum and leadership messaging. • Developed communications strategy and organisational narrative for Climate Change strategic priority. • Developed an initial learning and development offer and implementation plan for the project and programme management community of practice in order to strengthen professional maturity.
	2025-2026
	Quarter 1
	<ul style="list-style-type: none"> • Evaluated Year 1 of the three-year Diabetes Communication and Engagement Strategy. • Agreed Phase 3 improvement for our main website. • Review of agreed strategic partnerships completed and future priorities identified.
	Quarter 2
	<ul style="list-style-type: none"> • Reviewed and recommended usage of AI in the context of public health communications. • Phase 3 of our internal planning improvements identified, using Quality as an Organisational Strategy methodology to enhance our strategic planning process.
	Quarter 3
	<ul style="list-style-type: none"> • Internal planning guidance to support our strategic planning round for 25/26 published. • Designed consistent Channel Strategy that enables us to understand how service users engage with our products and services to help us understand how we can improve communications with our end users. • Mid-year strategic plan 2025-28 assessment and review undertaken in line with delivery and finance projections.
	Quarter 4
	<ul style="list-style-type: none"> • Embedded Level 1 Portfolio Management Processes consistently into the portfolio. • Implemented next iteration of our learning and development offer for the project and programme management community of practice.
	2026-2027
	<ul style="list-style-type: none"> • Formal review of our internal planning arrangements undertaken. • Undertaken a formal review process against our Long Term Strategy. • Implemented consistent Channel Strategy to reflect audience needs across citizen-facing products and services. • Implemented next iteration of our learning and development offer for the project and programme management community of practice. • Embedded Level 2 Portfolio Management processes consistently into the portfolio.

<p>SO7.12 By 2027, we will be providing the organisation with environmentally sustainable physical and digital infrastructure to effectively and safely operate.</p>	2024-2025
	Quarter 3
	<ul style="list-style-type: none"> Evaluated environmentally friendly cooling for air con replacements.
	Quarter 4
	<ul style="list-style-type: none"> Increased the electric vehicle Infrastructure capacity at key sites across the Public Health Wales estate.
	2025-2026
	Quarter 4
	<ul style="list-style-type: none"> Explored options and determined plan for the future occupation arrangements for CQ2 or alternative site.
<p>SO7.13 By 2027, we will be able to demonstrate our value and impact with enhanced financial and performance reporting and management across the organisation, in order to deliver our Long Term Strategy.</p>	2026-2027
	<ul style="list-style-type: none"> Finalised and implemented occupation arrangements for CQ2 or alternative site.
	2024-2025
	Quarter 2
	<ul style="list-style-type: none"> Achieved an unqualified audit opinion for 2023/24 Annual Accounts.
	Quarter 4
	<ul style="list-style-type: none"> Implemented phase 3 of our Performance and Value proposition to deliver improved performance, value and impact across the organisation. Delivered performance accountability framework to provide assurance and drive forward performance improvement. Developed 2025/26 revenue and capital financial plan. Delivered of 2024/25 revenue and capital break-even as per 2024-2027 IMTP. Delivered national finance system developments scheduled for 2024/25.
	2025-2026
	Quarter 2
	<ul style="list-style-type: none"> Achieved an unqualified audit opinion for 2024/25 Annual Accounts.
	Quarter 4
	<ul style="list-style-type: none"> Developed 2026/27 revenue and capital financial plan. Delivered of 2025/26 revenue and capital break-even as per 2024-2027 IMTP.
2026-2027	
<ul style="list-style-type: none"> Achieved an unqualified audit opinion for 2025/26 Annual Accounts. Delivered 2026/27 revenue and capital break-even as per 2024-2027 IMTP. 	



Part 4: Delivery and Governance

4. Delivery and Governance

4.1 Our Financial Plan

4.1.1 Underlying Position

Public Health Wales has historically delivered financial stability with an underlying breakeven position. This underlying breakeven position continues in our 2024/25 three year plan. Further detail is contained within the PHW Financial Plan and Budgetary Control Framework 2024-27.

4.1.2 Our revenue plan

NHS Wales faces a challenging financial outlook for 2024/25 which has been reflected in the financial planning principles set by Welsh Government which include:

- ❖ Minimum 2% efficiency savings delivery based on total expenditure baseline
- ❖ No Inflationary funding uplift provided to Public Health Wales by Welsh Government for 2024/25

Our 2024/25 revenue plan has been developed in line with these principles:

Item	2024/25 £m	2025/26 £m	2026/27 £m	Recurrent £m
Income				
2023/24 Income (Core & Non-Core)	163.751	163.751	163.751	163.751
Confirmed Core & Non-Core WG Allocation Uplift	21.769	9.804	9.804	9.804
Anticipated WG Allocations	0.330	0.788	1.954	1.954
SLA & Other Income Inflation	0.862	0.862	0.862	0.862
Digital Disbursements	0.538	-	-	-
Total Income	187.250	175.205	176.371	176.371
Expenditure				
2023/24 Expenditure	163.751	163.751	163.751	163.751
Digital Disbursements	0.538	-	-	-
Expenditure Changes (Funded in Mandate Letter & WG Final Budget)				
Bowel Screening Optimisation Programme	5.411	5.411	5.411	5.411
Primary Care Innovation & Development Hub	0.380	0.380	0.380	0.380
Energy	0.084	0.084	0.084	0.084
COVID Core Allocation				
Integrated Surveillance	1.573	1.573	1.573	1.573
Pathogen Genomics	0.585	0.585	0.585	0.585
Health Protection Team	0.232	0.232	0.232	0.232
Vaccination Programme	1.539	1.539	1.539	1.539
Covid (Non Core)				
Laboratory testing (non-pay)	6.560	-	-	-
National surge team (hosted by Cardiff Council)	0.550	-	-	-
Lung Cancer Buisness Case	0.327	-	-	-
Early Years Prevention	1.028	-	-	-
Obesity Plan	1.200	-	-	-
Obesity Strategy :Children and Families Intervention	0.600	-	-	-
Obesity Strategy : Diabetes	1.000	-	-	-
Healthy Weight Behaviour change	0.200	-	-	-
Healthy Working Wales	0.500	-	-	-
Expenditure Changes (Funded by Anticipated Allocations)				
Transfer of Improvement Cymru to NHSE	-6.797	-6.797	-6.797	-6.797
Pay Award 2022/23 1.5%, 2023/24 5% and 2024/25 ESM	6.098	6.098	6.098	6.098
Funding for IGRA Testing of Ukrainian arrivals in Wales	0.064	0.064	0.064	0.064
Genomics	0.080	0.080	0.080	0.080
Breastfeeding Action Plan	0.140	-	-	-
Whole School Approach to Mental Health	0.745	-	-	-
Future Years Inflation Funding	-	1.343	2.510	2.510
Release of 2023/24 Inflation and Cost Pressure Funding	-1.892	-1.892	-1.892	-1.892
Unfunded Cost Pressures	3.926	3.369	3.195	3.195
Savings	-3.667	-2.852	-2.852	-2.852
Strategic Investment Priorities	2.495	2.237	2.411	2.411
Total Anticipated Expenditure	187.249	175.205	176.372	176.372
Planned variance	0.000	0.000	0.000	0.000

These figures do not include income or expenditure relating to The NHS Executive, which is hosted by the Trust. It is assumed that they will manage within their approved allocations. The figures also exclude Improvement Cymru which will transition to the NHS Executive at the end of 2023/24.

Pay award assumptions for 2024/25 have been excluded from this plan whilst negotiations conclude. It is assumed that Welsh Government funding will cover the costs of the agreed award, therefore no impact on the financial plan.

An element of the costs in the plan relate to supporting the COVID-19 Sustainability Plan. There is an agreed allocation made up of recurrent and non-recurrent funding from Welsh Government. The National Surge Team element of non-recurrent funding

has not been agreed by Public Health Wales and is under discussion with Welsh Government. Welsh Government have provided flexibility to move the allocation between the activity lines in accordance with demand. Public Health Wales will work with Welsh Government during 2024/25 to plan the future service provision and funding in relation to the COVID testing non-recurrent elements.

There are a number of anticipated Welsh Government allocations which are yet to be confirmed.

4.1.3 Inflation

Public Health Wales has followed the all-Wales inflation model in order to ensure a consistent approach across Wales for 2024/25. As a result, we have placed additional focus on this aspect of our plan, including the following into our approach:

- ❖ Incorporating the national inflation modelling approach agreed by NHS Wales Directors of Finance.
- ❖ Applying the pass through 3.67% to all expenditure SLAs as per Welsh Government's financial planning principles
- ❖ Refining our use of bespoke modelling for certain categories of spend to improve the accuracy of our inflationary estimates.
- ❖ Utilising surplus inflation funding from our 2023/24 plan to cover 2024/25 inflation and cost pressures in the absence of any Welsh Government inflationary funding being provided in 2024/25.
- ❖ Developing a robust methodology to allocate inflation funding within Public Health Wales based on clear evidence of price increases and utilising procurement opportunities to manage down inflationary pressures wherever possible.

4.1.4 Savings Plans and Utilisation of Efficiency Savings

Welsh Government have set a requirement for all NHS Wales organisations to deliver a minimum of 2% efficiency savings based on total baseline expenditure in 2024/25. This equates to £2.852m for Public Health Wales. In order to deliver this target Directorates have each developed plans to deliver 2% efficiency savings against their total directorate baseline expenditure budgets. The savings target has been met for 2024/25, with £2.852m identified on a recurrent basis. In addition to this, non-recurrent corporate schemes have been identified to the value of £0.815m.

The efficiency savings will be used to fund a £1.092m shortfall in cost pressures for 2024/25. The remainder of efficiency savings, £2.495m in 2024/25 and £2.237m in 2025/26 and £2.411m on a recurrent basis, will be used as a tool to reallocate resources into three key areas identified as part of our strategic investment approach: 1) Strategic Prevention Programme; 2) Strategic Priority Enablement; 3) Business efficiency and improvement.

4.1.5 Our Capital Plan

Following a 24% reduction in discretionary capital in 2022/23, Public Health Wales' allocation increased by 12% in 2023/24 and has further increased by 12% in 2024/25 to return our allocation to its original value of £1.580m. Our discretionary funding will need to fund our equipment replacement programme, IT requirements, estates and statutory compliance.

Public Health Wales has received a strategic allocation of £1.194m for 2024/25 for DESW Camera Replacement. There may be potential to access slippage funding later in the financial year if strategic schemes across Wales slip. We have taken a risk-based approach to our capital prioritisation ensuring that this aligns to the organisation's risk register. The following table summarises our strategic capital requirements for the three year duration of the IMTP:

Strategic Scheme	FY24-25 £000s	FY25-26 £000s	FY26-27 £000s
DESW Camera Replacement (Approved)	1,194		
Total Approved Strategic Schemes	1,194	0	0
Replacement Programmes			
Colposcopy Imaging			658
DESW Vans		1,500	
Equipment Replacement			3,299
WAAASP Ultrasound Machine Replacement		500	
Business cases			
Sexual Health Management System	750	90	
Improvement works to BTW Swansea	157		
Digital Services - Replacement of Network Switches	450		
Digital Services - Replacement of Back-up System	250		
SIMS future programmes		860	700
Tarian 2 development	50	2,390	800
Digital 10 Year Plan		1,421	1,355
Estates 10 Year Plan		495	9,370
Total Unapproved Strategic Schemes	1,657	7,256	16,182
Total Strategic Capital	2,851	7,256	16,182

The Minister for Health and Social Services asked Welsh Government to develop a 10-year infrastructure plan in respect of Estates and Digital requirements for 2022/23. We have now reviewed and prioritised the requirements for 2024/25 and included updated values in the above table. The most critical item in 2024/25 is £700k for digital services infrastructure upgrades.

4.1.6 Risks (& Opportunities)

We are currently anticipating a breakeven position, in line with the 2024/25 budget setting process and detailed work of the IMTP. However, there are a number of financial risks as set out below:

- ❖ Recurrent commitments against Welsh Government time-limited grants.
- ❖ A number of assumed Welsh Government allocations which have not yet been confirmed.
- ❖ COVID-19 Sustainability Plan costs incurred during 2024/25 breach the £11.039m recurrent and non-recurrent allocations.
- ❖ Management of COVID-19 testing costs beyond March 25 are unfunded.
- ❖ We are not able to secure Welsh Government revenue and capital funding to support our digital roadmap.
- ❖ Availability of strategic capital funding to support the capital plan.

The financial risks and opportunities will continue to be updated, scrutinised and acted upon as the year progresses. We will work with Welsh Government to resolve the funding issues beyond March 2024.

4.2 Digital Roadmap

Public Health Wales have completed a range of discovery work for delivering Health Protection and Screening Services and the digital systems needed to support these. We have undertaken discovery work covering Diabetic Eye Screening and the full suite of screening systems, disease registers, our architecture, our web estate and are currently completing ones on diabetes data flows and Health Protection (Tarian replacement).

From this work, we have developed a three year route-map based on risk to service delivery and cyber security and the opportunities from DHCW lead programmes for enhancing our services.

For health protection we need to develop a system which would be able to scale and manage through a pandemic of whatever nature in the future and integrate with all our key partners in health boards in order to replace Tarian. This programme will also seek to maximise the opportunities from the National Data Resource for undertaking surveillance. Without this development we are unable to mitigate our Strategic Risk on ability to respond to future public health incident (SR5), as we would not have the digital systems that could scale to respond to a pandemic.

After delivering Cervical Screening System, we have confirmed how to progress this architecture towards delivery of the other systems in priority order of risk and need for service delivery improvement. This would involve developing the systems for breast and bowel cancer over the three years of the IMTP. Each of these would build on functionality from the NHS Wales App wherever possible. This is part of our

strategic risk on cyber-security (SR7) where we need to move these to a more strategic platform which is less reliant on legacy software and infrastructure. One of the early stages of the route-map is to create the joint plan with DHCW for exploiting the national infrastructure.

To enable this work, we need to upgrade our network switches and firewalls to the appropriate levels to ensure our infrastructure enables the connectivity required with appropriate levels of cyber-security.

Alongside these core system developments, we will be:

- ❖ Taking forward a programme of work to analyse our analytical data estate and toolset working with the National Data Resource and develop a cloud strategy for Public Health Wales.
- ❖ Continue to deliver our cyber security plan.
- ❖ Develop a programme of automation and to develop and exploit the opportunities from Artificial Intelligence.
- ❖ Work across the organisation to develop the skills across the organisation for the digital age.

The financial implications of these developments are summarised in our finance section 4.1.

4.3 People and Organisational Development

4.3.1 Our People

Our people are at the heart of our work to reduce health inequalities and to protect and improve the health and wellbeing of the people of Wales. Our People Strategy provides our long-term direction and priorities to shape the organisation, our culture and ways of working. Our long-term people ambition is to develop a flexible, sustainable, diverse and thriving workforce with the capability and capacity to deliver our strategic priorities. As part of this, we are committed to embedding opportunities to bring a fair work approach into our work as outlined in our guide 'Delivering fair work for health-well-being and equity' (2022).

Our people are vital to the success of our long-term ambitions as set out in our Long-Term Strategy (2023-35). Getting our culture right and the way we work to deliver our promises is essential for the successful delivery of the strategy. Therefore, the work ongoing to improve our culture, our values and behaviours, and deliver on our people promise (employee value proposition) goes hand in hand with implementing our Long Term Strategy.

Within Public Health Wales, each person plays a crucial part; from those working on the front lines of infection services to those producing knowledge, research and insights that influence policy. Our people bring skills, energy, expertise, challenge and support to tackle big challenges. We want to attract, retain and develop great people, to deliver our Long Term Strategy and ultimately to create a positive impact in the communities we serve throughout Wales.

4.3.2 Challenges and opportunities

We continue to face challenges which impact the work we do and impact our people, as well as the wider population of Wales. Factors such as an ageing population, larger numbers of people working to a later age, socio-economic challenges, the impact of the pandemic, and climate change all affect the workforce we require and the workforce that's available to us, now and in the future.

We need to be able to recruit and develop a more diverse workforce that better reflects the communities we serve and provide insight into the needs and motivations of all our service users. We must harness and utilise advances in technology; support learning agility and investment in continuous development and re-skilling and to find, develop and retain the talent needed to execute our strategic priorities for emerging skills, particularly around digital, data and technology. We also want to embed ways of working that will attract and inspire a multi-generational workforce to work effectively together, valuing each other's skills and perspectives, and supporting people's changing needs by increasing the opportunities for flexible and agile working.

We support the use of the Welsh language and bilingual careers (as demand for Welsh language services increase) and we are developing and supporting our leaders to lead with compassion; to manage a diverse workforce and to embed change effectively, building relationships with our partners to deliver our services and strengthen access to capacity and talent.

4.3.3 Key workforce issues

Some roles remain challenging to recruit and some specific skills are very scarce, such as Radiologists and Breast Clinicians; Consultants in Microbiology and Infectious Disease; Health Protection specialists such as Consultants in Communicable Disease Control; some specialist nursing roles; Public Health Practitioner roles; and Biomedical Scientists. In addition to these key professions, and like many sectors across the UK, the organisation is also experiencing challenges with securing people with specialist skills such as cybersecurity, analysts and bioinformaticians.

Through our approach to workforce planning, we will continue to identify potential solutions to address any challenges. This may include the use of advanced practice; re-profiling of teams; and the introduction of new technology, including artificial intelligence and machine learning applications.

4.3.4 Organisational change

Supporting organisational change is critical to our organisational effectiveness and remains one of our key priorities as a function. People and Organisational Development have been working in partnership with Strategy and Planning; strengthening our visibility of large-scale change programmes, so that we can plan our resource to deliver these and support our leaders and people managers to lead and manage organisational change effectively.

Working in partnership with our Trade Union colleagues we have developed resources to enable our managers to lead people through change, and to understand and

improve people's experience of change, aligned to our organisational values and the NHS Wales Organisational Change Policy. In addition, our Being our Best framework will be an integral part of the Leading for Impact workshops, which will further support and reinforce the management of change through desired behaviours and approach.

The introduction of comprehensive dashboards enables us to plan and track progress. Additionally, we have developed the means to measure the impact of change via qualitative and quantitative questionnaires which will be administered before, during and after change takes place, enabling us to tailor our approach accordingly.

We have worked with the Executive Team, to establish the principles by which we will design our evolving organisation structures that will support our optimal shape of the organisation and contribute to organisational effectiveness. We will apply the agreed criteria to change initiatives, ensuring alignment with our organisational vision and strategic priorities.

4.3.5 Attraction and recruitment

While growing a pool of talented young and diverse people and marketing our employer brand to under-represented groups, we are cognisant of the fact that we have teams throughout the organisation where four different generations are working together. It is therefore imperative that we recognise that there are multi-generational concepts that require consideration to enable us to attract, retain and support colleagues throughout their careers.

In our pursuit to expand access and cultivate diversity in our workforce, we have employed a multifaceted strategy. Collaboration with Welsh universities broadened our candidate pool, fostering pathways for school leavers, graduates and undergraduates to join us. We have strategically engaged at job fairs, particularly in Microbiology, connecting with potential candidates and showcasing opportunities across our organisation.

We have also implemented dashboards for retention insights and are continuing to develop culture-centric recruitment, assessment and selection training.

These collective efforts reflect our commitment to recruitment, diversity, inclusivity, and workforce planning. Each initiative helps us to foster a vibrant, diverse, and inclusive workplace culture which reflects the ambition laid out in our People Strategy.

4.3.6 Employee experience

We have engaged with colleagues throughout the organisation to understand what enables our people to feel at their best and be their best, and this work underpins our approach to agile working, 'Work How it Works Best' - our strategic intent to support increased choice and flexibility, and to shape work around life.

We have begun to embed Being Our Best, a framework that describes how we expect to experience our core values of working together, with trust and respect, to make a difference, and help us hold ourselves and each other to account for bringing our

values to life. We will also be working to embed our people promise across the employment life cycle.

4.3.7 Equality, diversity and inclusion

We continue to deliver the commitments set out in our Strategic Equality Plan (SEP) and we have consulted on our revised SEP during 2023. Our Staff Diversity Networks continue to grow and play an increasingly significant role in shaping our thinking.

We have developed our approach to widening access aimed at ensuring that under-represented groups are aware of the diverse range of careers available within the NHS in Wales and consider the organisation as a potential employer. We continue to engage with young people in the community to promote diversity, particularly through work experience, apprenticeships, and greater visibility within school environments.

In 2023, we achieved gold attainment level at Diverse Cymru's Cultural Competence Certification Scheme 2023, which was a significant achievement and testimony to the great progress being made.

4.3.8 Inspiring culture and compassionate leadership

Developing our culture is a critical component of our People Strategy and as such was translated into our Strategic Plan commitments. To develop our culture, we have undertaken an assessment of current and future state, as identified by our workforce.

Our cultural assessment has helped us understand how our existing culture is experienced and what the ideal culture looks like, as we work and to deliver our Long Term Strategy. Efforts are now focused on interventions to close the gap, enabling us to strengthen our position around being a great place to work. We will also be working to establish ways of measuring progress.

We have piloted our first cohort of our Leadership and Management Academy with our senior organisational leaders and are working with partners to review the learnings from this. This will inform the further development of the role of managers and leaders in Public Health Wales, providing future-focussed sustainable leadership development.

We have commissioned a bespoke management development programme for our people managers, to strengthen leadership capacity and capability and balance the need to ensure sound understanding and application of people policies and processes, with the empowerment and enablement of people.

4.3.9 Workforce profile

As of 1 February 2024, our total workforce comprised 2,221 people, equating to 1,974.21 whole time equivalents (WTE).

73% of our workforce are female; 28% of our workforce work part-time and 28% of our workforce are over 50 years of age. Our workforce is deployed across 9 different areas as outlined below:

Directorate	Headcount	FTE
Corporate and Board Directorate	34	29.42
Data, Knowledge and Research Directorate	113	104.09
Health and Wellbeing Directorate	168	147.60
Health Protection and Screening Services Directorate	1,485	1,311.17
Improvement Cymru Directorate	108*	102.19*
Operations and Finance Directorate	136	129.72
People and Organisational Development Directorate	45	37.99
Policy and International Health, WHO CC Directorate	79	69.93
Quality Nursing and Allied Profs Directorate	53	42.10
Grand Total	2,221	1,974.21

* Improvement Cymru will be transferring to NHS Executive on 1st April 2024

4.4 Risk Management

4.4.1 Strategic risk

As we continue to implement our Long Term Strategy, we recognise that we are operating within a volatile and changing environment. This is reflected in our strategic risks, which were reviewed and refreshed in March 2023 as part of the development of new Long Term Strategy and Integrated Long-Term Plan. Against each of the Strategic Priorities the Board agreed a set risk appetite level. Following a deep dive session held by the Board in January 2024, and through extensive discussions with Executive, and Non- Executive Directors in relation to Strategic organisational risks, the risk descriptors have been re-framed to focus specifically on Public Health Wales actions, controls and scope to influence and drive progress for successful delivery of the strategic objectives. These re-focussed risks will be presented formally to the Board in March 2024. Our strategic risks and agreed risk appetite levels against each strategic priority are:

<p>1. Risk of: Widening gap in healthy life expectancy of population of Wales.</p> <p>Due to: Cumulative effects of socio-economic, environmental and wider public health challenges.</p> <p>Key Strategic Priorities contributing to mitigating the risk and agreed risk appetite level:</p> <ul style="list-style-type: none"> 1) Influencing the wider determinants of health (keen) 3) Promoting Healthy Behaviours (willing) 5) Delivering excellent public health services to protect the public and maximise population health outcomes. (accepting)
<p>2. Risk of: Worsening health outcomes for the population of Wales.</p> <p>Due to: misaligned system-wide efforts and leadership and weaknesses in partnership working.</p> <p>Key Strategic Priorities contributing to mitigating the risk and agreed risk appetite level:</p> <ul style="list-style-type: none"> 1) Influencing the wider determinants of health (keen) 2) Promoting Mental and Social Well-being (willing) 3) Promoting Healthy Behaviours (willing)
<p>3. Risk of: The organisation failing to effectively engage with the public in relation to their health and wellbeing.</p> <p>Due to: Failure to build relationships with stakeholders, communities and our service users; not having or utilising tools and resources to support engagement; a lack of workforce commitment, skills and capacity; and failure to monitor and evaluate the impact of engagement.</p> <p>Key Strategic Priorities contributing to mitigating the risk and agreed risk appetite level:</p> <ul style="list-style-type: none"> 1) Influencing the wider determinants of health (keen) 2) Promoting Mental and Social Well-being (willing) 3) Promoting Healthy Behaviours (willing) 4) Supporting the development of a sustainable health and care system focused on prevention and early intervention (willing) 5) Delivering excellent public health services to protect the public and maximise population health outcomes (accepting)
<p>4. Risk of: Worsening organisational health and an inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing.</p> <p>Due to: Lack of organisational leadership and governance, progress towards ideal culture, ability to engage employees.</p> <p>Key Strategic Priorities contributing to mitigating the risk and agreed risk appetite level:</p> <ul style="list-style-type: none"> 3) Promoting healthy behaviours (willing)
<p>5. Risk of: A sub-optimal organisational response to a public health emergency or incident and longer-term risks to public health.</p>

Due to: insufficient horizon scanning, forecasting, use of data/digital tools and planning/training/exercising for response.

Key Strategic Priorities contributing to mitigating the risk and agreed risk appetite level:

- 4) Supporting the development of a sustainable health and care system focused on prevention and early intervention (**willing**)
- 5) Delivering excellent public health services to protect the public and maximise population health outcomes (**accepting**)

6. Risk of: Failure to deliver excellent public health services on screening, infection and health protection and compliance with the Duty of Quality.

Due to: Weakness in systems and processes, specialist workforce capacity and capabilities, and lack of innovation.

Key Strategic Priorities contributing to mitigating the risk and agreed risk appetite level:

- 4) Supporting the development of a sustainable health and care system focused on prevention and early intervention (**willing**)
- 5) Delivering excellent public health services to protect the public and maximise population health outcomes (**accepting**)

7. Risk of: Disruption to services and/or loss of confidential data in conjunction with a failure to exploit appropriate data to inform relevant public health actions.

Due to: Cyber incident, other external factors, weaknesses in systems and processes, silo working and lack of strategic oversight of data outputs.

Key Strategic Priorities contributing to mitigating the risk and agreed risk appetite level:

- 4) Supporting the development of a sustainable health and care system focused on prevention and early intervention (**willing**)
- 5) Delivering excellent public health services to protect the public and maximise population health outcomes (**accepting**)

4.4.2 Managing risk

The organisation continues to face risks arising from the cumulative impact of the Covid-19 pandemic, the burden of disease, inequalities and cost of living crisis as well as other risks more specific to the operations of the organisation. It is important that our arrangements for risk management continue to develop and mature and provide the architecture, support and capability to identify and manage risk effectively. The ongoing delivery of the milestones in the approved Risk Management Development Plan will build on the progress made on strategic and operational risk management arrangements, working towards a risk management system that is consistent with the International Standard for Risk Management, ISO 31000.

Strategic and Corporate risk forms an important and regular part of the Board, Sub Committees and Business Executive Team agendas. In addition, organisational risk tools and escalation processes have been revised, moving us towards a more robust management of risk across all levels of the organisation. The work plan for the newly appointed Head of Risk will revitalise this work and will embed and enrich the conversations of the effectiveness of risk management across the organisation.

4.5 Board and Committees

In 2024, the Board approved our Board Assurance Framework (BAF), which describes the functions, enablers, assurance framework, integrated governance system, and the operating guidance in place to support good governance within Public Health Wales. It summarises how Public Health Wales delivers and sustains good corporate governance to ensure the delivery of its strategic objectives outlined within our strategy to improve population health and address health inequalities, while delivering safe, effective, and high-quality public health services.

Within the BAF, we recognise the importance of ensuring a diverse range of backgrounds, skills, and experiences to add value to the Board discussions and decisions. In 2023/24, we appointed a Non-Executive Director for Equality, Diversity, and Inclusion to develop our approach to this agenda at strategic level, to bring this vital perspective to the Board table. As our BAF is a living document, it will be regularly reviewed and updated, mapping our assurance processes, highlighting our strategic objectives as well as our Strategic Risks against those objectives. Areas of improvement planned for 2024/25 include:

- ❖ Opportunities for cross Committee working.
- ❖ Quality, Safety, and Improvement Committee pilot on assurance to develop reporting and assurance.
- ❖ Peer Review process.
- ❖ Annual report on the Board Champion roles.

4.6 Emergency planning and business continuity

Public Health Wales is required under the Civil Contingencies Act [2004] to maintain and develop plans to ensure that if an emergency occurs or is likely to occur, the organisation can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it. Public Health Wales is responsible for providing emergency preparedness, resilience and response leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations to protect the health of the public within Wales.

The Civil Contingencies Act [2004] places a number of legal duties on Public Health Wales as a Category 1 responder.

Overseen by the National Director for Health Protection and Screening Services and Executive Medical Director; the Emergency Preparedness, Resilience & Response function leads the Emergency Planning and Business Continuity (EPBC) Group which is responsible for the coordination and delivery of organisational resilience activity. Key milestones that will be delivered in 2024/25 include:

- ❖ Deliver an internal training prospectus for Emergency Preparedness, Resilience and Response which supports the Public Health Wales Emergency Response Plan V.3 and aligns to the Skills for Justice National Occupational Standards for Civil Contingencies.
- ❖ Strengthen workforce of suitably trained staff for response to emergencies across the organisation.
- ❖ Develop a programme of exercise to ensure the organisation discharges its functions under the Civil Contingencies Act.
- ❖ Strengthen the relationship and partnership working with the Local Resilience Fora, Wales Resilience Partnership Team and Wales Resilience Forum and the Four Nations Public Health EPRR Group.
- ❖ Work with partners from the Local Resilience Fora, Wales Resilience Partnership Team and Wales Resilience Forum and the Four Nations Public Health EPRR Group to review and update multi-agency plans for emergencies.

4.7 Organisational quality and improvement

We aspire to be an exemplar in quality. Over the last 12 months, we have developed our approach to quality and continuous improvement through 'Quality as an Organisational Strategy' (QoS) utilising this framework to effectively describe organisation design, and participate in system transformation and continuous quality improvement.

We are committed to operating this system designed for quality, driven by the needs of the population we serve. This in turn creates a culture and environment that supports our staff and provides a great place for staff to work and thrive. This approach supports achievement of our strategy and strategic priorities.

The pursuit of an organisation-wide approach to managing for quality enables us to implement the Duties of Quality and Candour within the Health and Social Care (Quality and Engagement) (Wales) Act (2020). It also enables us to focus more clearly on the needs of the system and purpose of the organisation. Following the introduction of the Duty of Quality and the Duty of Candour in April 2023, as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, Public Health Wales has been working with our staff and key stakeholders to ensure we meet the requirements of both duties.

Duty of Quality

The Act reframes and broadens the existing Duty of Quality on NHS bodies aiming to ensure that all strategic decisions are made through the lens of improving quality of health services and outcomes for the population.

A Senior Responsible Officer (SRO) group worked through the themes within the Duty to enable us to meet the requirements and the Duty is now embedded as 'business as usual'.

Organisations are required to exercise their functions in a way that considers how they will improve quality and outcomes on an ongoing basis and actively monitor and report progress on the improvement of quality services and outcomes and routinely share this information with their population. As an organisation focused on quality, we take every opportunity to ensure a system wide approach to quality through all our decision making and implementation. The principles of quality management are embedded in the approach set out in Quality as an Organisational Strategy. This, together with the Improvement and Innovation Hub, supports work on identified improvement and innovation priorities at strategic, directorate and team level.

Duty of Candour

The Duty of Candour is a mechanism which builds on a culture of openness and honesty to service users of health care in Wales. It is a lever for improving and protecting the health, care and well-being of the current and future population of Wales. It is to be applied in conjunction with the professional Duty of Candour which already exists.

The Duty is triggered when the following occurs:

1. A service user to whom healthcare is being or has been provided has suffered an adverse outcome; and
2. The provision of the healthcare was or may have been a factor in the service user suffering that outcome.

A service user is to be treated as having suffered an adverse outcome if the user experienced, or if the circumstances are such that the user could experience, any unexpected or unintended harm that is more than minimal.

We will take every opportunity to listen and learn as well as review each incident which triggers the Duty of Candour, to understand what happened, identifying areas for improvement and learning (taking account of the views of person affected). As a compassionate and caring organisation, we will also consider the support available to those affected including those who received our services and those who deliver them.

To further support the implementation of the Duties of Quality and Candour, a Clinical Governance Framework has been developed and is now being implemented. Clinical Governance is the framework for accounting for improving and safeguarding the quality and safety of services. It is an umbrella term covering activities that help sustain and improve standards.

4.8 Performance and Delivery

4.8.1 Measuring our impact

During 2024/25, we will develop roadmaps for each of our strategic priorities. This will set out the key steps that we will take over the coming years to deliver the ambitions that we have set for 2035. We will assess our progress against these, and the delivery of our Strategic Plan, through our measurement system. This will align the system-level outcomes that we have set for each strategic priority (set out within this plan) to

our refreshed key performance indicators. We also seek to prioritise the evaluation of key element of our plan. This line of sight from strategic direction to delivery will allow us to measure our impact and value to the people of Wales and wider public health system.

Progress against the plan will be reported to the Executive Team and Board monthly through our Performance and Assurance Dashboard and Insights Report. This will include the ratings for each milestone and exception reports for those where issues have been identified. A control process will be used for managing changes, particularly in relation to milestone delivery. Ongoing assurance will also be provided to Welsh Government through our Integrated Quality, Planning and Delivery and Joint Executive Team accountability review meetings.

4.9 Concluding Remarks

The actions set out within this Plan reflect our long term strategic ambitions and focus for how we will tackle the population health challenges facing Wales in the coming years. While the challenges that we face are stark, we have shown in recent years what we can achieve through the commitment and professionalism our staff. We can build on and embrace innovative ways of working, harness the potential of big data and new technologies, work across professional boundaries, and with a range of partners.

Our focus and commitment will remain on delivering our six strategic priorities and ensuring that we deliver maximum value for the people of Wales and our partners. We will do this through embracing the Well-being of Future Generations (Wales) Act 2015 five ways of working, particularly maintaining a long term preventative focus, while prioritising our short term actions. We will work in collaboration across the public sector to effectively deliver our strategic priorities and look to integrated approaches, solutions and activity, wherever possible. We will also ensure that we place people at the heart of what we do, and how we do it, by involving them in the design, development and delivery of our services and functions.

We will continue to build on and strengthen our partnership working and collaborate with our partners across the wider public sector. We have shown in recent years what we can achieve when we work together towards common goals. That focus and commitment will be vital in addressing and preventing some of the challenges we will face over the coming years.

We have empowered staff from across the organisation to come together, drawing on multidisciplinary knowledge and skills, to help shape our priorities and this plan. It will be through their expertise, skills, and knowledge that we will succeed in its delivery. To do this we will ensure that we create an environment that enables people to work across professional boundaries and embraces the commitment, professionalism, and expertise of all our staff.

We do not underestimate the challenges that we face. However, our commitment is to meet these challenges head-on, to collaborate and work with our partners, demonstrate dynamism and agility, to learn, innovative and evolve. And most of all, to create an environment where we succeed through the commitment, professionalism, and efforts of staff.